

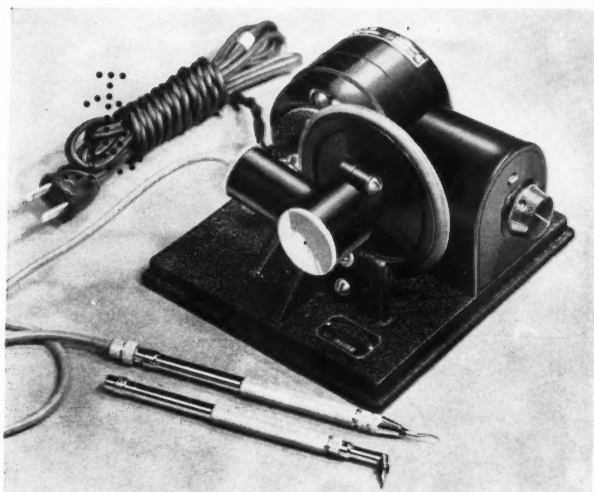
Oral Hygiene



Chicago, scene of next month's Midwinter meeting of Chicago Dental Society.

JANUARY, 1941 • 30th ANNIVERSARY NUMBER

In this issue: "I Was a Dentist in German Concentration Camps"



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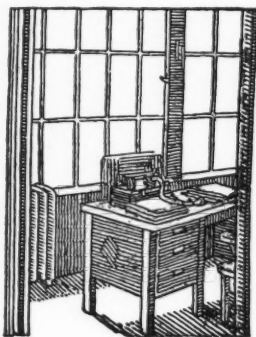
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By Mass

No. 235

THAT LINE ON THE COVER

Don't let that line on the cover fool you, the line about this being ORAL HYGIENE's thirtieth anniversary number. It is, all right. But you won't find anything regarding it in the text pages of this issue. The celebration is confined to starting off the thirty-first year with a new cover design, and some type changes inside the book. CORNER-customers were warned of the anniversary itself in these pages last month.

On previous anniversaries, ORAL HYGIENE has revealed its past several times, telling and retelling the

story of its origin, its achievements, and its mistakes. Five years ago, when the silver anniversary came along, Ed Ryan, who had not long before become editor, put a stop to that sort of thing. Urged by this department to do it again, he went to town instead with an issue about dentistry's own quarter-century, printing little or nothing about the magazine's twenty-five years.

Someone said that the people most interested in a parade are the people in it; Ed figures that the people most interested in a magazine's anniversary are not the readers, but the members of the staff. So you can thank him for being spared the ordeal of listening to another recitation, written mainly for the edification of staff-members, who love to be edified.

Thus, this issue is devoted to livelier topics, and they are lively all right. Take a look at the new contents page (designed by Dorothy Sterling) and see for yourself. Incidentally, starting this month the contents page gives some clue as to the character of leading articles rather than just listing their titles. We print dull articles at times, but there doesn't seem to be anything dull about this issue. You're the best judge of that yourself, of course. ORAL HYGIENE people can be expected to be enthusiastic about what they print, although sometimes they are not. We often admire stuff of our own that
(Continued on page 6)



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MIZZY, INC.



(Continued from page 2)

no one else admires, but not always.

One of the penalties of publishing is the bound volumes. Now there are thirty fat ones here in our bookcase. It's fun to leaf through them if we hurry over some of the pages, pages that enshrine errors of judgment, smart ideas that never jelled, words that glistened in our eyes when we sent them to the printer, but which don't glisten now. Any time we get to feeling fancy about ourselves around here it just takes a spell with a bound volume or two to fix that.

In most lives, most of the mistakes can be forgotten, because there is no record of them, but not in publishing. It's like not only keeping a complete diary of your activities, but also printing the diary and mailing it to people all over the world so that they already know the answer when they ask you what you were doing in April, 1921, that you should be mortified about now.

So it is a good thing that, reading bound volumes, you can spot

articles you still admire, and re-read them, and roll the words around in your mind, and recapture the lovely emotion you originally experienced when you published some author's good stuff and were choked up with pride at being privileged to do so.

This year, this department may publicly meditate some more about ORAL HYGIENE's first thirty years, but you can skip it if you agree with Ed Ryan, who will likely be skipping it too.

* * *

Last month, before the December number reached readers, carrying the reference to ORAL HYGIENE's first editor, Dr. George Edwin Hunt, Mary Davis Bradshaw, of Indianapolis, was impelled by something or other to write to the CORNER, unaware that the next issue would be reminiscing about her old boss; for Mary was Ed Hunt's secretary before she became Mrs. Bradshaw. Neither of us can solve the mystery of why she chose that time to write; we had not corresponded for years.

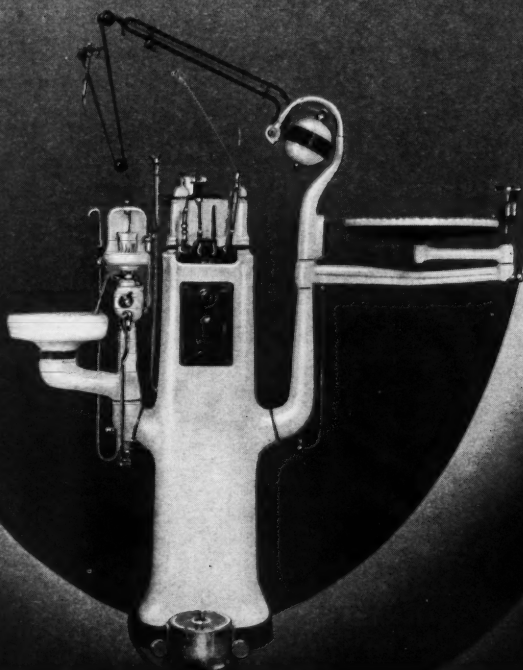


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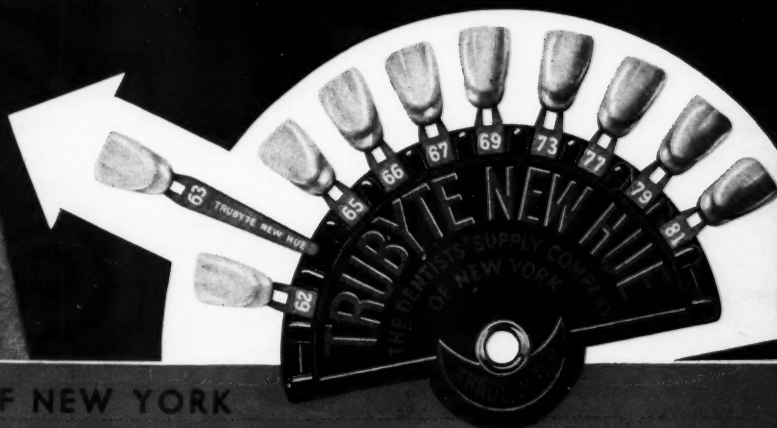
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*Surgery, Gynecology & Obstetrics, 1937, 69, 738-744

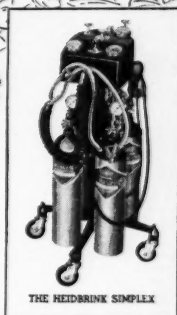
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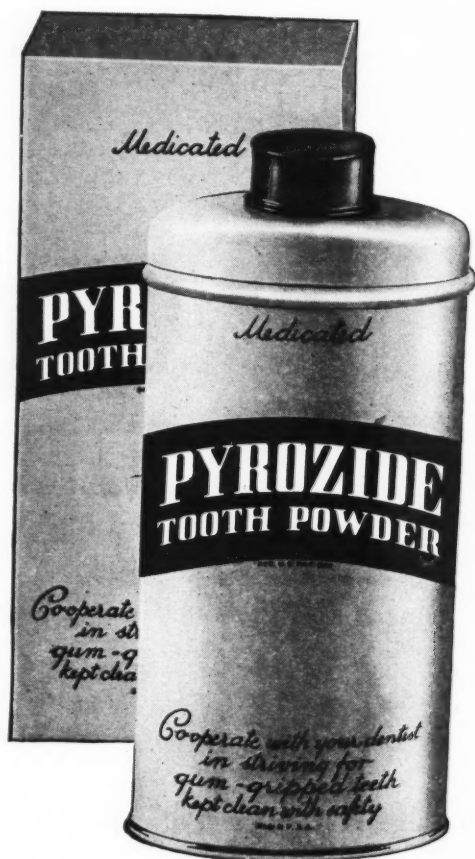


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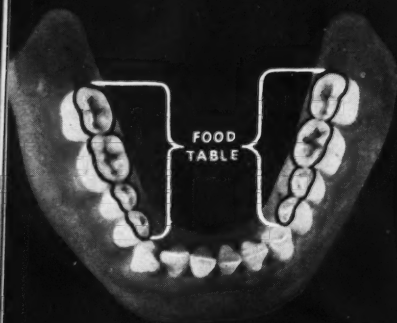


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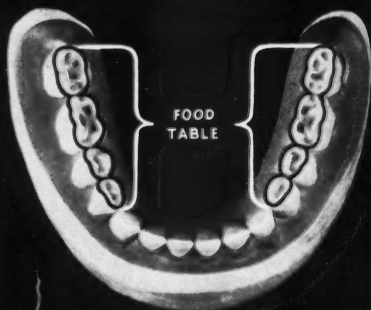
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THE DENTISTS' SUPPLY COMPANY OF NEW YORK

Oral Hygiene

VOL. 31, NO. 1

JANUARY, 1941

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<i>Curt Daniel</i>	

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<i>Seth W. Shields, D.D.S.</i>	

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<i>W. A. Moline, D.M.D.</i>	

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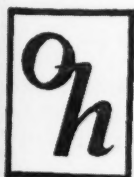
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I WAS A DENTIST IN GERMAN CONCENTRATION CAMPS

by Curt Daniel

FOR ALMOST A YEAR I WAS a prisoner, first in the Concentration Camp of Dachau, and later in that of Buchenwald. During most of this time there must have been an average of one hundred first-class dentists among my fellow prisoners, and yet, withal, nearly every prisoner was in need of dental attention. In each camp there is a completely equipped dental clinic, but no trained dentist works in it. Neither are any of the prisoners with dental training allowed to work there. The operator of the clinic might be a drunken Schutzstaffel man, a metal worker, a professional safe breaker, or even a theological student. At first glance this does not seem consistent with the German *Gründlichkeit*—that thoroughness for which the Germans are noted. But there are adequate reasons for this dental paradox.

I had not been in a Concentration Camp long before I understood clearly the purpose behind them. It was and remains two-fold, economic and political. It is necessary to outline briefly this two-fold basis; otherwise what follows will read like a miscellany of inexplicable barbarities. Whatever accusations can be leveled at the Nazis, it can never be said that they were lacking in organization.

In considering the subject of Concentration Camps it is quickly discovered that one of their most important but less obvious features is economic. As the new plans for world domination of the old masters of Germany matured, there grew a constant and increasing demand for strategic works such as arterial roads, military camps, and the like. The use of ordinary, paid labor for this non-productive work could

not be stomached by the German industrialists. A way had to be devised to have the construction done at minimum cost. Here the economic problem merges with the political.

When the Nazis seized power, their first step was to remove from circulation all elements hostile to them. This action was repeated from time to time. These unfortunate people were herded like animals into camps, called *Konzentrationslager*. They were not allowed to eat their heads off in idleness. On the contrary, they were forced to do hard work. They constructed most of the Concentration Camps and the military camps of the Schutzstaffel (Hitler's dreaded S. S. Black Guards) that private army of almost half a million men, which keeps the German people from bursting forth in violent upheaval. The prisoners also did military construction and built all the roads in the closed S. S. towns.

The terror, torture, and killing in the camps was and is no fortuitous thing, ladled out at the whim of some psychopathic S. S. Camp Guard. It is part of a large scheme. This terror is designed for a specific purpose. Many of the prisoners are in the camps for relatively short periods, for being what the Nazis call *a-sozial*; that is, for not being entirely in favor of the regime. When their term of imprisonment expires, they go home and take with them horror tales which can only be whispered in corners. The

Nazis want this very thing. They want the terror to be an "open secret." They want the terrible things of the camps whispered about and shuddered over, so that everybody will toe the line and jump when the whip cracks. The camp terror is contrived to scare all opposition out of the German people.

This is where the absence of facilities for dental treatment fits into the general picture. It is a species of indirect terror. All the things, which most people take for granted and which go to make up everyday comfort, are lacking in the camps. In this the Nazis have conjured up some subtle diableries. Prisoners will die, or suffer greatly, from simple ailments for lack of the proper attention.

During my imprisonment in the two best-known and worst-feared Concentration Camps I had good cause to study the dental setup of the camps; first, for the simple reason that most of the time I was in urgent need of dental treatment but unable to get it, and second, because for a time I, a former goldsmith, had the strange job of working as a dentist.

At Dachau

As there are important differences between the health arrangements at Dachau and Buchenwald, each camp will be treated separately. First Dachau. In this camp (which contains some 9,000 prisoners and has adjoining an S.S. city of some 16,000) pleasantly situated in what

In a letter to the Editor the author of this article writes under date of November 28, 1940:

"I am aged 27, was born in Vienna, and am by profession a goldsmith. Before the Nazis took over Austria I was prominent in an anti-Nazi youth organization. After the *Anschluss* I was arrested by the Gestapo and sent first to Dachau and later to Buchenwald. I was in Dachau from May, 1938, until the end of August of that year. I was then moved to Buchenwald where I remained until my release at the end of February, 1939. I was able to leave Germany and go to London. At the beginning of this year I came to the United States.

"In view of the fact that I still have many relatives and friends in Austria against whom the Gestapo would not hesitate to take reprisals, I am forced to use the pen name Curt Daniel (you will notice from the Release Certificate that the surname has been blocked out; similarly I have had partially to mask the photos of myself). I have in New York a file of documents covering my imprisonment, and I have references which are available for private inspection should that be desired."

used to be an artist's summer resort a few miles out of Munich, all sanitary and health arrangements are in the hands of the S. S., the Camp personnel. The First Aid Station which served 9,000 prisoners was a large and adequately fitted room called *Revier*. According to camp regulations, special permission had to be obtained from the S. S. Guard in charge of your section before you could report to the *Revier* for treatment (that is, if a prisoner were game enough or ill-advised enough to take a chance on the most original therapy outside witch doctory). The *Revier* was open only between two and four in the afternoon and, according

to further regulations, not more than 100 men could be waiting outside at one time. The inside of this strange place was ruled over by half a dozen S. S. men whose only claim to competence would be in the field of unskilled but thoroughgoing sadism. Most of them were drunken young men (between the ages of eighteen and twenty-three) who had entered the S. S. immediately after leaving school. To fit into the general Nazi scheme of orderliness, these men wore the usual clean white jacket common to the medical and dental professions but, to inject a note of reality, they wore over it a Sam Browne belt that had a large pistol bump-

Entlassungsschein

Der Schutzäftling
Der Vorbereitung

geb. am 29.7.13

Kurt

in Wien

bat vom 31.5.38

bis zum heutigen Tage im Konzentrationslager Buchenwald eingekerkert.

Stapol. Wien

Auf Anordnung des Reichsministeriums des Innern vom 15.2.39

wurde er nach Wien

entlassen.



Der Lagerkommandant
i. V.

[Handwritten signature]

H. Buchenwald

H. Obersturmbaumführer *[Handwritten signature]*

ing up and down on the hip.

Over a period of time these S. S. men had evolved one of the simplest therapeutical formulas it has been my lot to encounter. An imaginary horizontal line was drawn across the navels of all prisoners. Ailments and injuries above this line were treated with aspirin (and as it was part of my work to clean out the *Revier*, I noted what were obvious to an untrained eye as tuberculosis, serious head injuries, broken collar bones, bullet wounds, boils and so on). Ailments and injuries below this imaginary line were treated with castor oil (similarly I saw cases of sprained ankles, bullet wounds, boils, and diarrhea, all treated according to this formula).

The only exception to the formula came in the case of teeth. Anyone stupid or brave enough to report tooth trouble came outside the usual formula. These cases were dealt with by one particular S. S. man. He had the type of mind of the abnormal young child who pulls the legs off flies. He just loved to pull teeth. That the extraction of teeth was work for someone with training was

no problem of his. His victims were almost always newcomers to the camp. Newcomers in Dachau (and the other camps also) are invariably in a battered condition. The trip from the place of arrest to the camp is one continuous beating-up. A man is lucky to arrive in camp if he has only a few teeth knocked out and a bruised head.

I have seen new prisoners come into the *Revier* to report broken teeth. Our "extraction expert" (as we called him) would strut across to his victim looking quite benign, but with his right hand behind his back holding dental forceps. Politely asking the victim to sit down and indicate which teeth were causing trouble, he signalled to some other S. S. men to come over and hold the prisoner. Then with a theatrical flourish he pulled out a couple of teeth almost at random. Opposition from the prisoner was met with a deluge of blows on the face and head from the surrounding S. S. men.

The rest of the dental equipment was never used, as far as I could make out, at least not officially. Others of the prisoners

The author's certificate of release from the Concentration Camp. (Opposite page.) The Gestapo, who issued it, are not very particular about dates; according to the author, the period of imprisonment was longer than that stated.

Free Translation of the Release

Concentration Camp Commandant

The parolee Kurt—Born July 29, 1913, in Vienna, from this date, May 31, 1938, in the Concentration Camp detained by order of Police of Vienna until February 15, 1939. Sent to Vienna and released.

Camp Commandant
Officer

and I, who had to work in the *Revier*, borrowed forceps, excavators, and explorers on the quiet. These would be smuggled into the prisoners' huts, and the prisoners who had been dentists would do the limited work they were able for their friends and acquaintances, after which the instruments were returned. The only materials it was possible to steal from the *Revier* were small quantities of gutta-percha. I found out later that the S. S. men had a first class dental clinic in their adjoining town, with a large staff of dentists.

Visitors Impressed

On first glance it seems strange that the Nazis should go to the trouble and expense of having a dental clinic with its equipment in the camp, but there is method in this seeming madness. Dachau is a special camp. Sometimes distinguished visitors from foreign countries are shown over certain parts of the camp, and they are duly impressed with what they mistakenly believe to be the humanitarianism of Nazi penology. They see an excellently equipped *Revier* (empty, of course), beautiful flower gardens, fine lavatories and showers. But they do not see prison life on an ordinary day. They do not see prisoners being flogged to death in the dreaded *Bunker* or hanging from their hands drawn up behind them, for several hours, or other barbarities, which I will not record because they will not be believed.

One of my first recollections in

Dachau (it is not until about the fifth day that you begin to make out details—previous to that it is one gigantic mass of terror and pain) was the strange way many of the prisoners ate. They munched their food with exaggerated chewing motions and a lot of noises like old crones. I soon saw that they had no teeth and that this was the only way they could eat. In the first days of imprisonment most of the prisoners with artificial teeth had them broken in the beatings up. A crack in the mouth from a rifle butt will finish most "plates." As there were no facilities for repairs, the broken sets were generally thrown away. If there were any precious metal in the set, this was invariably traded to the S. S. men for tobacco (especially in Buchenwald). The S. S. were extremely venal and, in the whole of my experience in the camps, I never heard of one refusing money or its equivalent.

There were many stomach disorders among these prisoners without teeth. A prisoner who had been a physician told me that it was due to the fact that these prisoners were unable to chew up the half-cooked potatoes, which formed a large part of the prison diet.

Among the prisoners, who had been in Dachau and Buchenwald there was a saying that "in Dachau they kill you with pseudo-cleanliness and in Buchenwald they kill you with filth." To explain, in Dachau, which as I have mentioned was a show place,

the prisoners were supplied with toothbrushes but they did not dare to use them, at least not more than once. At inspection, the S. S. men went over the prisoner's quarters with microscopic thoroughness. If a toothbrush were found wet or one bristle out of place, the unfortunate owner would get a punishment varying, according to the mood of the inspector, from standing at rigid attention outside the camp office for five hours, to twenty-five lashes.

I was lucky not to lose any teeth in Dachau, although I had toothache most of the time. As early in my imprisonment I had seen the "extraction-sadist" at work on some unfortunate, I decided it was better to keep my toothache than take a chance on having the wrong teeth pulled and the possibility of a broken jaw thrown in for full measure.

In Buchenwald the story is different. Here, in the high country near Goethe's Weimar, sacred to the memory of all that is best in German culture, is no show place. Accordingly, the sanitary and health arrangements were left to the prisoners themselves. The popular saying that in Buchenwald they killed you with filth was literally true. More prisoners died from bad sanitary conditions and lack of hygiene than were killed by the blood-thirsty S. S. (and that is saying a lot). The water and drainage systems for the 26,000 prisoners were constructed by the prisoners themselves. No outside experts were called in to overcome the problems offered by the difficult clay subsoil, with the result that a typhoid epidemic broke out. It eventually became so serious that notices appeared in the official Nazi papers of Weimar closing the



The author, April, 1938, immediately before entering the Concentration Camp.



The author, after his release from the Concentration Camp, February, 1939.

whole district for four months. Typhoid knows no politics. Many S. S. men died in the epidemic.

Lack of Water

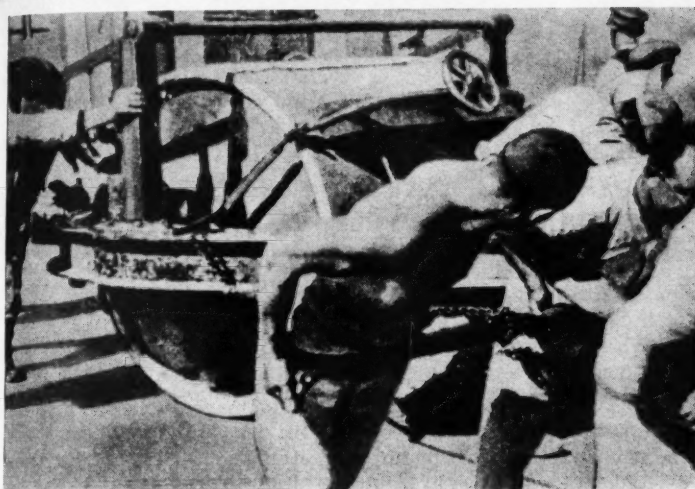
Because of the shortage of water it was forbidden to use the lavatories. The sewage system was a series of primitive open latrines. Like Dachau, there was a dental clinic but it had no water and no legitimate dentist. The *Revier* was only open for a couple of hours each day, and as there was a prison regulation forbidding more than eight people to stand outside the *Revier* at once, its existence meant little to the 26,000 prisoners. The management of the *Revier* was in the hands of the prisoners, who were watched by the S. S. It was a specific policy that no trained person could work in the *Revier*. During the November pogroms hundreds of the best physicians and dentists in Central Europe came into Buchenwald in a period of one week, but they were always sent off to work in the quarries.

Perhaps the fact that I was a goldsmith seemed to some Nazi boss sufficiently far removed from medical and dental competence to assign me for work in the *Revier*. It was a heavy full-time job and in many ways worse than slaving in the quarries or road-making (that winter was particularly bad, and I carried some hundreds of corpses from the *Revier* to the cremating shed).

Almost every midday I went to the *Revier* to give medical and dental service to the unfortunate

prisoners, according to my limited abilities. To be assigned to this work was in many ways as much a torture as being a patient. In this *Revier*, there was one particular S. S. man who took an obscene delight in ordering the supervising prisoners to carry out painful operations on the sick and injured prisoners who had reported for treatment. On his instructions (which were carried out without argument, for, according to camp regulations and practice, failure to obey an S. S. man is punishable by instant death) I extracted a number of teeth. My first attempt was successful, because my unfortunate victim had been given previous treatment in the shape of a blow across the mouth from an S. S. man's rifle, so that some of his teeth were so loose that they could almost be taken out with the fingers. After this experience I had a talk with a prisoner who had been a dentist in my native Vienna, and got from him some simple instructions about extractions. I know I caused a lot of pain (no anesthetics were ever used) but I can only hope that I did not cause any permanent injuries.

There was, however, something to be gained from working in the *Revier*. Attached to the *Revier* was a fairly well-stocked dispensary from which it was possible from time to time to purloin drugs and chemicals. Once I stole a bottle of acetone and took it to my hut where a former dentist used it with some bread to effect



Photograph illegally smuggled out of Germany. Prisoners pulling a road roller in Dachau. Here man power is cheaper than horse power.

temporary repairs to broken dental "plates." I noticed that several of the prisoners whose "plates" had been repaired were unable to wear them, as apparently the shape of their mouths had altered during the period of non-use.

The commonest dental ailment was perhaps the development of cavities, especially from "fillings" falling out. Nothing much could be done about this. Extraction was the only official therapy. On one occasion I stole a dental explorer from the kit in the *Revier*. I gave this to the dentist in my hut and he did the best he could for his comrades, cleaning out cavities and blocking them up with clean cotton pulled from the prison clothes.

My work in the *Revier* came to

a sudden end. For failing to give the correct answer to an S. S. man, I was punished by being sent to the stone quarries. For me this was no punishment. I could not stand playing even a minor rôle in this Nazi travesty of a first aid station. I worked in the quarries until my release. And each time now I utilize the dental services of my new country, my thoughts go sadly back to the thousands of prisoners in the German Concentration Camps who are experiencing all the refinements of Nazi torture.

Editor's Note: Although we have the author's permission to publish his address, because of the unusual and personal nature of the article, we have decided to withhold this information. Anyone who wishes to communicate with him should send his letter to the Editor of ORAL HYGIENE, 708 Church Street, Evanston, Illinois. We will be glad to forward all letters to the author at his New York address.



WHAT IS THIS F. A. C. D. BUSINESS?

by *Seth W. Shields, D. D. S.*

TODAY I CLEANED up the storeroom. It's the place where I keep the almost actual-sized picture of "Niagara Frozen Over in Winter," empty plaster barrels, assorted junk, and my fishing tackle.

How it got there I'll never know, but beneath the stuffed owl, and wedged between an outboard motor and the fool-proof, dust-covered, never-used device for milling dentures, was a dog-eared issue of *The Journal of The American College of Dentists* dated September, 1939.

Part of the contents must be passed on to you fellows, because you probably think that the American College of Dentists has something to do with dentistry. Well, you're wrong, it appears, and decidedly so! It's either a religious order or a lodge, perhaps a frater-

nity, maybe a class in advanced dramatics or, at best, something much holier than thou, thine or me, if one is to believe what he finds in the College publication.

The following is copied verbatim from the lead article with the seventeen-word title: CEREMONY DEDICATING TORCH AND MACE OF THE AMERICAN COLLEGE OF DENTISTS AND HONORING THE ORGANIZERS AND FOUNDERS.

The group of (organizers and founders of the American College of Dentists) was divided into four sections.

Two were seated at the middle front, two to the middle rear, one to the middle on the left side and one was seated at the middle of the right side of the room. Each member of this group held a 30-inch lighted acolyte candle.

The president announced the Ceremony of Dedication.

All house lights were extinguished,

"There is a wide gulf," says Doctor Shields, "between the falderal of the Torch and Mace ceremony and the worthwhile activities of the American College of Dentists."

leaving the room in complete darkness except for the candle lights. A moment of silence and then, with chime effect for the first eight measures, the organ played softly. After a few measures, the Master of Ceremonies spoke as follows, the music continuing throughout the ceremony.

"In the beginning, dentistry was without form and void, and darkness obtained in the field of dental service. Gradually, in the North, in the South, in the East and in the West, a few tiny isolated lights began to send forth their tremulous and intermittent gleams. Gleams frequently extinguished by self-centered winds, the winds of undue pretension, of empiricism, of commercialism, of bigotry and the winds of selfishness and greed. But the keepers of these lights were undaunted by these obstacles. For they had generous supplies of oil of courage, of understanding, of conviction, and the oil of noble purposes and objectives. As many times as were their lights extinguished, they relighted them with the tinder of their invincibility. In time and almost simultaneously it became apparent to a group of keepers of these lights that massing them into one common light would produce a beam of increased intensity—A beam more resistant to the onslaught of unfriendly winds.—A beam of such concentration and penetration that it would burn to ashes any professional dross upon which it might be directed. And so these lights were massed and the American College of Dentists was created."

Since dignified decency prevents the use of certain pungent words so apropos, I'll let their "oil of courage, of understanding, of conviction, and the oil of noble purposes and objectives," speak for themselves. Any modern filling station, I might say, will miss something important in advertis-

ing their lubricants to the public if they continue to pass up such words as "courage," "understanding," "conviction," "noble purposes" and "objectives."

Any modern novelist who desires to write a sure-fire best seller for dentists about the ceremony might well choose the title: "Gone With the Oily Wind."

Please note that the members held acolyte candles; they had organ music (with chime effect); they approached the altar. They were attired in vestments resembling those of college commencements or religious orders. Generally, we deduce, they behaved themselves much as if they were combining a lodge initiation and a religious ceremony.

To me, this weird affair is equally as dangerous, as it is amusing. In such an environment where sonorous words are intoned so dramatically, it is highly possible that a desire to rule the profession might be born. Moreover, there is always the possible danger of minority rule in any organization, and the American Dental Association is no exception, with the American College of Dentists putting on such a show.

I have yet to see a group of willful men, emotionalized as those who attended this meeting surely were, who did not take themselves far too seriously.

Delusions

There are many causes that incite delusions of grandeur. Most common are: the indiscriminate use of morphine and cocaine,

drunkenness, sudden wealth, and psychoses. Now, another etiological factor rears its ugly head in the form of these "men in costume," who perform by candlelight to the tune of a pipe-organ and who talk in liturgical terms. If they are permitted to function further without some laughter at their antics, they surely will cause the entire profession of dentistry itself to be laughed at.

Dentistry, to most of us, (there are only 918 active fellows in the College, 23 honorary ones, and 143 deceased) is a means of livelihood and a practical profession that is not beyond criticism. Obviously, these "fellows" in attempting to give

a ceremony connected with dentistry a religious character are, by implication, attempting to set up something that is far beyond human criticism, a sort of "Holy of Holies" that will stand as the Alpha and Omega of the profession from which we earn our bread. They seem to associate certain emotions and feelings with the profession rather than considering it in a practical, commonsense manner. Sooner or later, any profession that is controlled by emotionalism and histrionics will become an unpredictable force that may, in turn, become extremely dangerous. Furthermore,

any profession that is controlled by emotionalism will in time possess the temperament of an opera star or a Hollywood highlight.

In their own estimation (the College I mean) it seems that their dramatics are more beneficial to their egos than a cure for dental caries, a preventive for dry socket, or a lower denture that would stay in place would be to those who make up the backbone

of the American Dental Association. I speak of the general practitioners who have more confidence in the beneficence of a Bunsen burner in a dental laboratory than in a "30-inch acolyte candle in a dimly lit room."

Nicon, father of

Galen, in the code of ethics of the American Medical Association, said "A physician should not base his practice on an exclusive dogma or sectarian system, for 'sects are implacable despots; to accept their thralldom is to take away all liberty from one's action and thought!'"¹

I can think of no words of mine to express better the danger faced by dentistry in the sort of activities the American College of Dentists are carrying on, hence, the quotation from Galen.

It is well at this point to discuss the manner in which mem-

"Sooner or later, any profession that is controlled by emotionalism and histrionics will become an unpredictable force that may, in turn, become extremely dangerous," says Doctor Shields.

¹Professional Honor, Medical Times, 67:519 (November) 1939.

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ENTISTRY was without form and void and darkness obtained in the field of Dental Service

Text taken from Ceremony of American College of Dentists

bership is granted in the American College of Dentists—it was not easy to obtain such information. There are nine dentists in Seymour and none of them are "fellows." A letter to the editor of the American Dental Association's official publication brought forth information that the Secretary of the American College of Dentists was in Saint Louis, Missouri; gave his name, and street address. A letter

to the Secretary was answered nineteen days later and enclosed therewith was a neat, gray-formatted pamphlet entitled: "American College of Dentists, General Statement, Constitution and By-laws and Register of Membership as of April 30, 1940."

Membership in the College, which was organized in August, 1920, is of two classes, so the pamphlet disclosed, "Active" and "Honorary." The "Active" members consist of dentists who have made noble *contributions to dentistry* (italics mine) or who have done graduate, scientific, literary, or educational work of merit.

Honorary members are those who "through eminent service have promoted the advancement

of dentistry or furthered its public appreciation." Honorary members are not required to pay the hundred dollars initiation fee required of active members or the ten dollar per year dues (minimum).

Two very noble requirements, no doubt. The eligibility of a prospective member does not lie, however, in his ability to write legibly a treatise on something

accomplished, to state clearly the results of his research, or to furnish proof conclusively that he is in any way above the average dentist in ability, skill, or technique. It lies, instead, in his back - slapping ability to get two "fellows" to recommend him to the Board of Censors. The Board of Censors, in turn, recommends him to the Board of Regents, who may or may not elect and extend the

invitation to Fellowship. The Board of Censors is not known except to the Board of Regents, and it seems to be a pretty good idea in case someone who has polished the required amount of apples or slapped the correct number of backs for admission has been knocked off and might desire, in retaliation, to try knock-

In an effort to curtail the use of fellowship titles, the Board of Trustees of the American Dental Association has adopted the report of its Journal Committee recommending "that the use of degrees and titles should be restricted to those issued by schools and colleges, authorized by law to grant such degrees; and that the use of other titles and degrees should be discouraged."

ing off a censor or two perhaps.

Thus, we see how "back slapping," "apple polishing," "quilling," or whatever term you think best to describe the situation, can be perpetrated to gain entrance into the American College of Dentists. Likewise, such small-time political activities, which are so essential to qualify oneself for admission into the College, are nothing more nor less than fore-runners of "cliques," those asinine little organizations within organizations, which destroy as surely and swiftly as termites destroy the most beautiful buildings.

"Fellows" in the American College of Dentists, graduate dentists like you or me, pat themselves on the back rather affectionately as well as egotistically, when they admit that "in the beginning (which was in 1840) dentistry was without form and void," and then admit the College cleaned it up after its founding in 1920.

In great contrast to the American College of Dentists is the American College of Surgeons. We have a fellow in that renowned organization here in Seymour practicing his profession in a dignified, enviable manner. A trip to his office around the block was rewarded with the following information regarding the major entrance requirements:

1. As evidence of qualification in the technique of surgery, the candidate is required to submit 100 case records of major work, 50 case records in complete detail,

and 50 in abstract. The series of 50 detailed records must be of major work and for which the candidate was the responsible surgeon.

(Nothing even faintly resembling this requirement is to be found in the American College of Dentists.)

2. The signing of a declaration that in no manner will the division of fees, either directly or indirectly, be practiced.

3. Evidence must be submitted that the applicant has completed three years of hospital service in one or more acceptable hospitals of which two must be in surgery (after obtaining his M.D. degree, of course).

Others Speak Up

It may interest you to know that I recently came across another publication in the dental field that indicates there is an effort being made to do away with unearned degrees. *North-West Dentistry* says:

"It has always been the aim of *North-West Dentistry* to build for better things in the profession and to advocate measures which would reflect honor and dignity. The latest accomplishment came when the Board of Trustees of the American Dental Association adopted the report of its Journal Committee which in part reads as follows:

Fellowship Titles: It was voted that the opinion of the committee was that the use of degrees and titles should be restricted to those issued by schools and colleges, authorized by law to grant such degrees; and that the use of other titles and degrees should be discouraged.

"Hereafter, the *Journal of the American Dental Association* need not yield to pressure by unthinking members who insist on using 'fellowship titles' after their names. It is now up to state dental journals and dental school publications to comply with the spirit of the action of the Board of Trustees of the American Dental Association."²

There is a wide gulf between the falderal of the Torch and Mace ceremony and the worthwhile activities of the American College of Dentists. The hocus-focus of the medieval torch and mace ceremony, which suggests the induction of a Lord Mayor into office, or the helping of a wounded bleeding duke up the hill into the castle, is somewhat moderated by the extremely practical and highly commendable nature of research fellowships, which are made available through the generosity of the College. By way of contrast, the following is quoted from an item which appeared on pages 1926-7 of the November, 1939, issue of the *Journal of the American Dental Association*:

RESEARCH FELLOWSHIPS AND
GRANTS-IN-AID OF THE
AMERICAN COLLEGE OF
DENTISTS

The American College of Dentists offers The William John Gies Research Fellowships and Grants-in-Aid for the purpose of assisting, espe-

cially citizens of the United States or Canada, in the prosecution of problems in dental research.

The Research Fellowships and Grants-in-Aid are intended principally for those who are in the early stages of preparation for their life work and who express the intention of pursuing a career in one of the preclinical sciences fundamental to dentistry as teachers and investigators in dental schools or other institutions, or those who desire to approach problems in clinical dentistry through a discipline in one of those sciences.

Monies are appropriated as Grants-in-Aid for the purpose of providing special materials and equipment peculiar to the project which are not otherwise available.

The entire stipend of the Research Fellow is designed primarily to enable the recipient to conduct research in a well-equipped laboratory unless the Research Fellowship Board specifies that a certain part of it be expended to provide special materials or equipment.

This article is quoted with the hope that my readers will understand that the College is making an admirable attempt to aid in the development of better dentistry. Such an activity would surely have the endorsement of all practical dentists and, frankly, I feel that the benefits of such efforts will have the far-reaching effect of bettering dental treatment in the future.

It is possible, then, that the College merely showed a lack of good taste in its quaint, colorful exhibition at Milwaukee. At any rate, I'm glad that I cleaned up the storeroom.

Seymour, Indiana

²Editorial, A Review of Accomplishments, North-West Dentistry, 19:177 (October) 1940.

TOMORROW'S SECURITY BEGINS TODAY

by W. A. Moline, D. M. D.

WE DENTISTS HAVE become so engrossed in the technique and method of giving services that we have lost sight of the people to whom we have been giving these services. We have looked so intently at the restoration in the tooth that we have not seen the patient.

And, together with the patient, we have lost sight of ourselves, also. Many problems concerning the welfare of the members of the profession have gone unsolved and unheeded. It is time these things are opened for discussion. An attempt should be made to correct and improve our situation. It is only through well-organized effort, through channels of association activities, that these questions can be effectively considered and executed. Discussions in the dental press and in dental meetings represent the market place where their values may be analyzed carefully.

One question that has assumed great importance is old-age security. Never in the history of this country, or of dentistry, have we heard so much about it as in the past decade. But I have yet to see a dental program that has for a headliner a speaker qualified to present authoritative material on the subject.

Dentists as a group are amazingly indifferent as to what they will do after they push the drill aside and lock up the cabinet for keeps. Most dentists are not going to be on easy street at retirement.

At the present time no employer or professional man is eligible for federal or state old-age security plans. The only avenue now open to him is through a plan presented by insurance companies. Undoubtedly, in time, dentists will be included in a national program of old-age security, but how that is to take place is an open question.

I am a practic-

If an old-age security program can be worked out whereby dentists could build up a fund through insurance, which would pay them a monthly income on retirement, Doctor Moline suggests that it might be possible to interest the federal government in cooperating financially.

ing dentist and not an actuary, economist, or banker, it is not within the scope of this paper to discuss details of an old-age pension system. However, I herewith make the suggestion to establish the plan along the lines of insurance. This does not mean to employ a company to handle the matter for us, rather to use the term, insurance, in a broad sense. It is logical to suppose that if a man saves a certain amount of money over a period of years, that as the age of retirement draws near, he may ease up on work and draw back to himself what he has saved. If the sum he has saved has been at work for him at a certain rate of interest, he will receive more than he put in. That point is elementary. But it works. The distinction must be made between investing and saving. An old-age annuity plan must start as a savings program and not as an investing program.

Currently there is a tendency to look toward government help in the matter of old-age security. There is one avenue of aid wherein both dentistry and the government would benefit if the plan could be worked out on an equitable basis. It will require the enlistment of all dentists in the plan. This may sound too hopeless, because dentists for some unknown reasons, are prone to be very uncooperative, but perhaps this scheme would be a means of bringing dentists closer together instead of making it hard to unite them.

I have one thought to contrib-

ute which might help to solve two problems simultaneously. If an old-age security program can be worked out whereby the dentists can build a fund that will pay them a monthly income upon a certain age of retirement, it may be possible to interest the federal government to cooperate.

There exists now a problem of caring for the dental needs of many hundreds of people who are indigent and on government relief. Perhaps a plan could be worked out whereby each dentist covered by the plan would contribute a certain number of days per year to care for these unfortunate people. In return for services rendered, the federal government could match the dollars that dentists would pay into a fund operated by the profession. Obviously, several conditions would be necessary to make such a plan work. It would be mandatory for universal cooperation. It would operate best if all dentists belonged to one organization. This in turn would make it easier to secure a better observance of the code of ethics.

The hue and cry of later years among politicians has been to take care of the poor unfortunate people who cannot afford medical or dental care. They, the politicians, advocate free service to these people. That they place little value on our services is obvious because they want to dish out our services and goods for nothing. But here is a chance for the profession to render a real service to the unfortunates by giving them



Currently there is a tendency to look toward government help in the matter of old age security.

dental service for a return from the government in the form of a subsidy for our own old-age security program.

I have yet to hear of any group that has suggested helping to supply labor and money for their own old-age pension system. It seems this idea would be in accordance with the principles of democracy and in accordance with the American meaning of good sportsmanship.

We have heard much in the past few years about class distinction and the segregation of one class from another. Perhaps if the dentists of the country set about to build their own old-age security program there would be more respect forthcoming to us, and our action would show others a new path toward self-respect.

Parasites are not builders. Dentists are not and don't want to be parasites. Let us build for ourselves a program of old-age security that will be the inspiration for others to follow.

The specific amounts are not important. Even that could be worked out on an optional basis. If a man wanted to retire with, say \$100 per month income, he would contribute according to his age so much per month in cash

and so many days service to the government wards. If he desired to retire on \$200, he would contribute twice as much, and so on. The amounts will require computations by skilled actuaries. It only remains for the dentists to express their desire to go ahead with a program.

There is one thing that is certain and that is that if we, the dentists, work out a plan first, there won't be so much danger of the regimentation of the profession falling into incompetent hands. It is much better to regiment ourselves than to have some would-be, pseudo-economic wizard tell us what to do.

Above all, let us not become panicky. That we are due for a change in the general scheme of things is certain. But changes have come before, particularly in our individual lives. Change will not be abrupt. Time will permit a governed adjustment for all of us. Let's face change with a determination to see it through to a satisfactory solution.

Let's make the change before the change makes us, by providing for ourselves a planned program of old-age security.

210 Rookery Building
Spokane, Washington

SPEAKING AS A PATIENT—

Liquor may have a place in the pharmacopeia, but not in the daytime schedule of a dentist. A man who handles sharp instruments and potent drugs cannot create confidence in his skills, if he is in a stupor from a hang-over or fresh from his lunch with the hint of beer or liquor on his breath.

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Dentistry Extends

PREPAREDNESS PROGRAM

ON OCTOBER THIRTY-FIRST the Committee on Dental Preparedness met in Washington, D. C., under the direction of Doctor C. Willard Camalier, to further extend plans for the mobilization of the dental resources of the nation, which was begun by the American Dental Association at its Cleveland meeting.¹

An urgent question before the Committee, according to Doctor Gerald D. Timmons, Secretary, was the protection of dental practices of men who are called for military service. A special committee, composed of L. M. Waugh, J. Ben Robinson, and Edward H. Bruening, was selected to work out some practical method that can be passed along to the various state organizations.

Thus, it is hoped, a nation-wide plan for the protection of dental practices of absentee dentists will be developed with expedition.

In the months that it has been at work the Committee has reached the conclusion that the military affairs committee in each state should be given as much control of the dental preparedness program in their localities as possible. With a view to thus decentralizing authority, each state committee is being urged to appoint as many subcommittees as necessary to handle the defense program, particularly where there are large metropolitan areas.

To aid the military affairs committees, the national Committee at its Washington meeting decided to prepare bulletins of information and instruction and send them to every member of

¹Nation-Wide Survey of Dentists will Aid Defense, ORAL HYGIENE 30: 1347 (November) 1940.

A. D. A. DENTAL SURVEY

Forty thousand dentists have filled out and returned their questionnaires to the Committee on Dental Preparedness, which was appointed by the American Dental Association to make a survey of the dental personnel of the nation. This represents a 56 per cent return and indicates that many of the 72,909 queried have not yet responded. If any members of the Association have not received their questionnaires, it is undoubtedly because a commercial mailing list, which has been found to be incomplete, was used. Any dentist who did not receive his questionnaire should write at once to the American Dental Association, 212 East Superior Street, Chicago. Questionnaires must be filled out completely regardless of the dentist's age. Many practitioners have returned their questionnaires unanswered because they are over 55. The Committee is most anxious to receive complete information about every dentist in the country for use in a national directory, which they hope to develop based on the material obtained from this survey.

each state committee as rapidly as possible. The manuals on military dentistry will also be ready soon, and the Committee urges the state and local organizations that have not yet done so to create study clubs for the presentation of this material to dentists. Deans of dental schools are also requested to offer a course on military dentistry based on these manuals to their senior students.

With reference to deferred classification for dental students,

the Committee decided to appoint J. T. O'Rourke and J. Ben Robinson to actively promote the passage of the Murray bill, which is now in a Congressional committee. It was the consensus of opinion among members of the Committee on Dental Preparedness that everything possible should be done to obtain preferential classification for dental students so that adequate dental service for the public as well as the Army will be assured in the future.

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Facts and Present Plans for Military Dentistry*



Dental Officers:

"We must have nearly 2500 dental officers around the first of the year; the total number will be 3,000 by April 1, 1941 . . . dentistry must be prepared to meet this need. The Government is certain to call for 3,000 dentists per year, a total of 15,000 dentists."

Dentists Who Are Drafted:

"A dentist who is drafted will enter the Army as a private soldier—\$30.00 a month."

Seek Commissions For All:

"A bill was presented to Congress this month providing that every physician and dentist who is drafted would automatically receive a commission in the Medical or Dental Corps Reserve. Regardless of his qualifications—unmindful of his physical qualifications, his ethics, his professional standing, or his professional ability—the physician or dentist would be given a commission and fulfill his obligation in this mobilization for national defense. This would have been very detrimental both to medicine and dentistry; it would greatly affect the efficiency of the medical service organized to meet the needs of the large Army set up for training and defense. There must be a better way to meet this problem."

Applying For Commissions:

"The dentist inducted into military service as a private may make an application for a commission in the Dental Reserve Corps. We understand that physicians and dentists who have drawn low numbers in the draft will be commissioned. Certificates certifying the number drawn, together with the necessary applications, recommendations,

*Dentistry and the National Defense, from Address of Brigadier General Leigh C. Fairbank at Louisville, Kentucky, published in Supplement to J. Tenn. State D. A. (October) 1940.

HEADQUARTERS OF ARMY CORPS AREAS AND DENTAL SURGEONS IN CHARGE

First Corps Area (Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island), address Colonel Lester Ogg, Army Base, Boston.

Second Corps Area (New York, New Jersey, Delaware), address Colonel F. L. K. Laflamme, Governor's Island, New York.

Third Corps Area (Pennsylvania, Maryland, Virginia, District of Columbia), address Colonel Herman Rush, Baltimore, Maryland.

Fourth Corps Area (Florida, Georgia, North Carolina, South Carolina, Alabama, Mississippi, Tennessee, Louisiana), address Colonel R. B. Tobias, Atlanta, Georgia.

Fifth Corps Area (Ohio, West Virginia, Kentucky, Indiana), address Colonel S. J. Randall, Fort Hayes, Columbus, Ohio.

Sixth Corps Area, (Illinois, Michigan, Wisconsin), address Colonel Harry Deiber, Post Office Building, Chicago.

Seventh Corps Area (Minnesota, North Dakota, South Dakota, Nebraska, Iowa, Kansas, Missouri, Arkansas), address Colonel T. P. Bull, Omaha, Nebraska.

Eighth Corps Area (Colorado, Oklahoma, Texas, New Mexico, Arizona), address Colonel M. E. Scott, Fort Sam Houston.

Ninth Corps Area (Washington, Montana, Idaho, Oregon, Wyoming, Nevada, Utah, California), address Colonel R. H. Mills, Presidio of San Francisco.

and statements to the effect that they desire extended active duty for one year, should be submitted to the Corps Area Headquarters by dentists who will be subject to draft and have been so notified. Each application will be considered carefully by a board of officers. Through the Military Affairs Committee of his state, information will be secured as to the standing of each one. These applications will be expedited and commissions granted the dentists, if they meet the requirements of the law."

Protecting Dental Practices:

"In Los Angeles they are developing a sensible and honorable solution to this problem. When one of their members is called to military service, he sends a lists of his patients to the office of secretary of his society. Notices are sent to each patient by the secretary, advising them that their dentist, Doctor Smith, has been called to military

service and that the local dental society, through the secretary's office, will be glad to assist them when they are in need of dental service. The members who are not called to military service volunteer to assist in the care of those patients of members called to active duty. As different patients make inquiries, the secretary secures appointments for them by distributing the calls to the various names on the volunteer list. When Doctor Smith returns, upon the completion of his military service, the secretary will notify the patients of his return and send Doctor Smith a list of all the dental services given his patients during his absence that have been cleared through the office."

QUESTIONS AND ANSWERS

Q. What is the status of orthodontia?

A. You will not practice orthodontia in the Army. A special assignment will be given to orthodontists, such as chief clinician in the camp dental clinics. The orthodontists will not be assigned to denture work, restorations, or similar services.

Q. What are the possibilities of remaining for an extra year?

A. Some dental officers are going to remain two years—it will help to solve this problem which will face us each year to secure 3,000 dentists for military service. Dental officers will have to ask for the extra year and their records for the first year will have to be satisfactory if they are to receive favorable consideration. Some may ask "Can I stay the whole five years?" The answer is "No." The reason is that we must train approximately 3,000 dentists each year and when the five year program is completed, we hope to have 10,000 dentists trained in military dentistry. Some may ask what is the chance of getting a commission in the Regular Army. There is no law to provide a commission in the Regular Army under these circumstances. If you are less than 32 years of age, if you pass a competitive examination, and there are vacancies in the Dental Corps, Regular Army, you may qualify for an appointment. At present there are no vacancies. Your service as a reserve officer has nothing to do with it; you must pass a competitive examination. No examinations will be held insofar as I know during the next year.

Q. I would like to know the procedure in making application for a reserve commission, if I am outside the draft.

A. Write to the Corps Area Dental Surgeon in your own Area. (Addresses are given herewith). At present appointments have been suspended in the Dental Reserve. This has been done in order that plans to commission dentists who may be drafted can be carried out.

Q. I am 37 and I want to join the Army. What shall I do?

A. You must wait until a war is declared. No one is commissioned at present who is over 35. We hope to raise this to 36. In time of war

the bars are down and we will consider any application from dentists up to 55 years of age.

Q. I am a visitor here, a physician, and a "graduate" of Greenleaf. I have been recommending to my young medical friends that they purchase a military medical manual. If I had had one at Greenleaf it would have been very useful. I would like your opinion of it—the military-medical manual put out by Carlisle.

A. A very good idea.

Q. If a private gets a commission, he will be promoted to what?

A. If a dentist inducted into the military service as a private appears before a board to consider his application for a reserve commission and that board approves his application, he will be promoted to a first lieutenant.

Q. Suppose I am a first lieutenant now.

A. You will probably be a first lieutenant.

Q. What is the status of dental and medical students in the draft, and what is your advice to them?

A. They will not be drafted prior to June 30, 1941. After that, plans now under development will become more effective. We must have medical and dental schools. We must encourage more dental students. It is an imperative necessity. As this program goes over, this nation is going to see the benefits which come from better dental service reaching more people, and there is going to be a demand for better dental service. It will be necessary to protect our medical and dental schools. Also our medical and dental interns are to be protected. You may be sure that is one of the problems which the Surgeon General is determined to solve.



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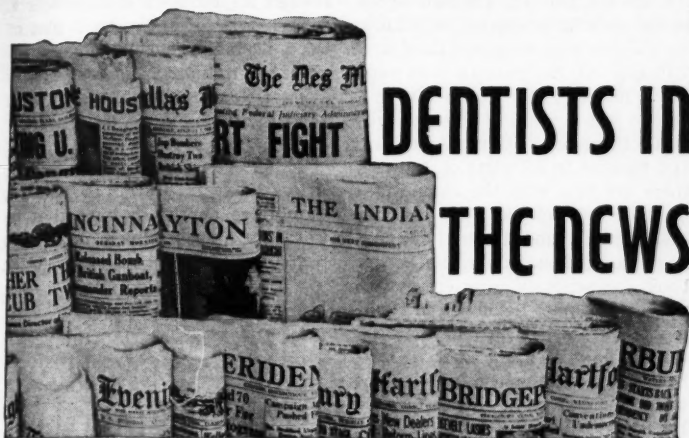
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DENTISTS IN THE NEWS

Los Angeles (California) Examiner: Doctor M. M. Nakadate, 31-year-old Los Angeles dentist, wants a place in the new United States military establishment for 10,000 eligible Japanese-Americans in Southern California. Declaring that recruiting authorities are cold toward efforts of young Americans of Japanese ancestry to enlist, he proposed formally to Governor Olson the organization of a division or battalion of "nisei" and "sansei"—second and third generation Japanese-Americans—in the California Naval Militia.

A dispatch from San Francisco said his offer to organize such a corps had been referred to Adjutant General R. E. Mittelstaedt of the California National Guard.

"In this country, particularly in California," said Doctor Nakadate, who lives at 1738 West Jefferson boulevard, "are a group of patriotic American citizens of Japanese ancestry who are ready and willing to answer the nation's call to arms."

Doctor Nakadate was born at Hilo, Hawaii, graduated from the Univer-

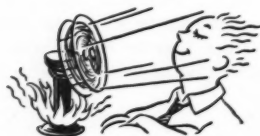
sity of Southern California, has served eight years in the United States Naval Reserve, and "can't remember ever having any thoughts that were not entirely American."

New York (New York) Sun: In recognition of his accomplishments in the field of dentistry, Fritz J. Swanson, a dental surgeon, of 6 East Seventy-fourth street, has been awarded the Royal Order of Vasa, first class, by King Gustaf V of Sweden. Doctor Swanson, who is a native of Sweden, received the decoration from Martin Kastengren, the Swedish Consul-General here.

Richmond (Virginia) Times-Dispatch: First she wrote a book about her father, Captain Bob Yancey of Lynchburg. On the advice of her aunt she sent it to publisher E. P. Dutton, who accepted it at once. Now Mrs. John Bell Williams, wife of a dentist, is not only the author of a best selling book, *THE VANISHING VIRGIN-*

IAN, but she has sold the film rights to Metro-Goldwyn-Mayer for \$25,000. No one was more surprised than Mrs. Williams that Hollywood should want to buy her story. She thinks that perhaps it was because of the great revival of interest in things American, and because in all parts of America there are men with the same independent outlook on life as her father's. The publicity and fame that have followed the publication of her book are seriously interfering with plans for a quiet home life in Richmond, Virginia. As to how the book came to be written, she says: "If anybody had asked me what was the one thing I didn't want to do, I would have said to write a book. Painting has always been my hobby, but that messed things up so that to amuse myself on the nights when Doctor Williams was seeing patients, I started to write about my father, mostly as a book for my son, Martin."

Kansas City (Kansas) Kansan: To his other accomplishments John Richmond, orthodontist, has added the distinction of being the only man in Kansas City who can light and blow out a fan. His secret power lies in his having an antique fan that is



between 75 and 100 years old. It looks somewhat like a modern electric fan but the mechanism is operated by means of an alcohol lamp, pistons and cylinders, on the principle of heat expansion. About three minutes after being lighted the fan is hot

enough to produce a cooling breeze, and it runs for a day on a pint of wood alcohol. Doctor Richmond rescued the antique from his father's attic at Nora Springs, Iowa, in 1934.

Cambridge (Ohio) Jeffersonian: After 35 years Harry L. Stewart, Cambridge dentist, is sure that he was once a successful athlete. Ohio State University has at last gotten



around to awarding him his varsity "O" for playing with the famous Medics football team in 1904-05-06. The Ohio Medics later became the Ohio State Scarlet Scourge and OSU's athletic department awarded letters to the former Medico grid heroes but, for some reason or other, Doctor Stewart was overlooked. Attorney Jess J. Fazekas took up the matter and received a letter saying: "A varsity 'O' will be awarded Doctor Harry L. 'Fire Chief' (as he was known in those days) Stewart for his valuable service with the Ohio Medics."

Detroit (Michigan) Free Press: Seventy hours of every week Livio "Lee" De Bonis, 27-year-old University of Michigan dental school sophomore spends in the Washtenaw County Jail. Lee, who is a former Golden Gloves boxing champion, is not, however, serving any sentence. He works there from 10 p. m. to 7 a. m. in the capacity of assistant turnkey. He reports that he finds his

work exceedingly interesting and has plenty of time for study. Lee worked his way through the University literary college, serving as gardener, cook, and power-room engineer.

Redding (California) Record: George A. Grotefend, retired dentist, has just recorded a deed showing that he sold the Washington mine, at French Gulch, for \$70,000, to Doctor J. H. Scott, a San Francisco physician, in the year 1937. The mine is said to be one of the richest now operating in Shasta county.

Awards for stories in **DENTISTS IN THE NEWS** published this month go to:

A. G. MCGREGOR, D.D.S., 400 Cumberland Street, Caldwell, Ohio.

MISS DOROTHY SEEM, 1008 Huron Building, Kansas City, Kansas.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church street, Evanston, Illinois.

DENTAL MEETING DATES

Rocky Mountain Midwinter Meeting, Shirley-Savoy Hotel, Denver, Colorado, January 26-29.

The Greater Philadelphia Dental Society, annual meeting, Benjamin Franklin Hotel, Philadelphia, February 4-7.

Chicago Dental Society, Midwinter meeting, Stevens Hotel, Chicago, February 17-20.

Five State Post Graduate Clinic, tenth annual meeting, Mayflower Hotel, Washington, D. C., March 9-13.

Alabama Dental Association, seventy-second annual meeting, Tutwiler Hotel, Birmingham, April 8-10.

Louisiana State Dental Society, sixty-first annual meeting, Hotel Roosevelt, New Orleans, May 1-3.

CORRECTION

We are informed by Doctor Carl W. Hoffer, Nashville, that the item appearing in the *Dallas News* of August third, which mentioned his retirement from the practice of dentistry to devote his time to ranching, was inaccurate. Doctor Hoffer's brother has retired; but Carl W. Hoffer still maintains his practice in Nashville. We are glad to carry this correction and to inform the many friends of Doctor Hoffer throughout the profession that his unusual skills are still being applied to dental service.

Editorial Comment

Give Me The Liberty To Know, To Utter,
And To Argue Freely According To My
Conscience Above All Liberties.

John Milton

Remember The Dental Cosmos

IT IS SLIGHTLY MORE than twenty years since the creation of the American College of Dentists. After this length of time an appraisal of the activities and functions of this organization should be made. This is probably the only dental publication with the temerity to make such an evaluation and to publish an article, such as the one in this issue, WHAT IS THIS F.A.C.D. BUSINESS?

There are now slightly more than 900 members in the College: among them are some of the finest men in the dental profession. In the years between 1920 and 1937, the average number of dentists admitted to membership was thirty each year.¹ In 1938, the membership took a phenomenal jump by the election to membership in that one year of 272 men. This sudden influx of new members might be explained on the basis of a depleted treasury that needed resuscitation. In this one year more than \$27,000 was taken into the treasury of the College from the initiation fees alone, which amount to \$100 per person. Another possible reason for this precipitous initiation of members was a fevered competition for membership projected by another honorary society calling itself likewise a "College." In March, 1939,² the American College of Dentists expressed its fear of this new organization by warning all its members not to accept "fellowship in any similar organization." This attempt on the part of the American College of Dentists to suppress the free and fluid choice, among dentists, of the organization with which they wished to affiliate, is to put it mildly, a curtailment of liberties.

Anyone who risks an interpretation of the American College of Dentists places himself in danger of being called a destructionist, a per-

¹American College of Dentists, General Statement, Constitution and By-Laws and Register of Membership, pages 48-50, April 30, 1940.

²American College of Dentists Honor Societies, J. A. C. D. 6:50, Publication date, March, 1939 (Rec. by readers May 29, 1939).

secutor, or a malicious being. Every statement made in this editorial, therefore, is taken from the official publication of the American College of Dentists.

Some of the activities of the College are definitely of value and of significance to American dentistry. For example, the efforts to improve prosthetic service, to establish hospital dental service, to examine the social and economic picture, and to create research fellowships, are all highly commendable undertakings. Set off against these activities, however, are such vacuous proceedings as the dedicatory torch and mace ceremony so vividly described by Doctor Shields in this issue. This escape to medieval pageantry and religious ritual is fantastic, if not actually sacrilegious.

The activities of the College with respect to dental journalism have been particularly noteworthy for their bungling methods and unrealistic approach. Let's grant, at the outset, that dental journalism needs improvement; let's grant that the College did a worthwhile job in bringing to the attention of the profession some of the maladjustments in dental journalism. The College in its survey of the journalistic field began with a preconception; namely, that they alone had the power, the intelligence, and the integrity to define what was good journalism and what was bad. In 1932, the College published a report based on investigations of material furnished by all journals. Their recommendations for improvement in the field were made, however, without recourse to or consultation with those responsible for any of the existing publications. These recommendations for dental journal improvement came from dentists undistinguished by any substantial record of journalistic experience or enterprise, who were even unaware of the practical mechanics of magazine publication. Evidence to prove this point is abundant in their own activities. Our footnote references indicate, for instance, that readers often receive their copies of the *Journal of the American College of Dentists* several months after the date of publication printed thereon.

Without reference to practical considerations, all journals, irrespective of strength or weakness, were damned by the College, if they were not published by dental societies. As a part of this campaign and pressure, the *Dental Cosmos* was turned over by its owners

*Editorial on San Francisco Convocation, J. A. C. D. 3:183, Publication date, Sept.-Dec., 1936 (Rec. by readers July 2, 1937).

to the American Dental Association. To quote the *Journal of the American College of Dentists*, "In this (the transfer of the *Dental Cosmos*) the College has played no small part."³

The *Dental Cosmos* lost its identity and was, for a time, published as the combined *Journal of the American Dental Association* and the *Dental Cosmos*. But this reform that sounded so bright in 1936 turned out to be a dud of the first degree, for we find the lamentation in the June, 1939 issue of the *Journal of the American College of Dentists* that reads as follows:

"A comparison of the merger of the *Dental Cosmos* and the *Journal of the American Dental Association* is also interesting. In 1936, the *Journal of the American Dental Association* published 2070 pages of original articles, and the *Dental Cosmos*, 1055—a total of 3125 pages. In 1937, the journals having been united, only 1475 pages were devoted to original articles—a loss of 1650 pages."⁴

So the merger that was conceived and propagated by the American College of Dentists as of great service to dental literature resulted in an actual loss to dental literature in one year of 1650 pages of material. The sad last chapter can be written by anyone in the dental profession. The name of the *Dental Cosmos*, after more than three-quarters of a century of magnificent service to the profession, was withdrawn as a publication from the dental field and now exists only as a dim memory. Henceforth, when any reformer in the American College of Dentists speaks on the subject of journalism, let us not forget the inquiry and the slogan: "Remember the *Dental Cosmos*."



⁴Proceedings of St. Louis Convocation, J. A. C. D. 6:153, Publication date, June, 1939 (Rec. by readers July 3, 1939).

THIS MONTH'S COVER

ORAL HYGIENE's cover this month is dedicated to the Chicago Dental Society, whose Midwinter Meeting will be held February 17-20. The Chicago scene is a reproduction of a Kodachrome taken by Harry C. Phibbs, of Chicago, distinguished amateur photographer.

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Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Tic Douloureux

Q—I have a patient who has a tic douloureux. He is using trichlorethylene with good results, but has found that he can buy it at different prices. So far as he can see there is no difference in effect, but he is uncertain whether it is safe to use the cheaper liquid. Trethylene, purified trichlorethylene, costs almost, I believe he said, five times as much as trichlorethylene bought from a wholesale druggist.—W. M., Oregon.

A—In our experience trichlorethylene is partly effective or quite effective in some cases of tic douloureux for a certain period, but in all the cases I have known, it becomes wholly ineffective in time.

I know of only the one preparation, so I can't answer your question about one that is higher in price or for which claims are made of greater purity.

One author¹ reports successful treatment with typhoid vaccine.—George R. Warner.

X-ray Films

Q—Can you please tell me how to remove the emulsion from old X-ray films?—G. H. S., Iowa.

A—Warm water will remove

¹Hardgrove, T. A.: Tic Douloureux Successfully Treated By The Use of Typhoid Vaccine: Report of A Case, J. A. D. A., 25:369, 1938.

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Sensitive Teeth

Q—I have a patient, a girl, 17, with a beautiful set of teeth. Roentgenograms show no cavities and only two small restorations. She complains of severe pain when eating any citrus fruit or apples, especially the skin, and shredded wheat before it becomes softened. Erosion is noticeable on the occlusal surface of the molars, but the discomfort has been evident for some years. Have you any suggestions?—T. C. C., Illinois.

A—In a case such as yours I should suspect one or both of two things—traumatic occlusion and avitaminosis.

Just recently I cleared up a case similar to yours in a girl, 20, through the adjustment of traumatic occlusion. This young woman has a beautiful set of teeth in as near ideal occlusion as a most successful course of orthodontics could put it. Yet there was tripping, mostly on the anterior teeth, with enough recession of the gingivae to expose the sensitive cervical areas of the teeth affected. Relieving the tripping did not restore the lost alveolar crest or cause a return of the gingivae to its former position, but it did relieve stress at the

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root apices, and it did, therefore, overcome the pulp hyperemia that made the teeth exceptionally sensitive to thermal changes as well as changes of surface tension in the cervical areas.

In another case I put the patient, a highly organized woman in her late thirties, on Vitamin B 1 in the form of wheat germ. She reported recently, after several years, that she still uses the wheat germ and is more comfortable than before.

Erosion on occlusal surfaces of molars is most unusual in a person of 17, inasmuch as it can't be cured, it might be well to treat it with silver nitrate, in addition to the foregoing suggested treatment.—George R. Warner.

Erosion

Q—Can you please suggest a good remedy for the treatment of erosion and sensitive necks of teeth? I have tried metallic restorations and pain persists. I have also used zinc chloride as a mouth wash with no results.

This same patient who has sensitive teeth has a dry socket, every time she has a tooth removed. I have used precautions, such as giving a thorough prophylaxis of the teeth, using chromic acid to eliminate the possibility of Vincent's infection, but a dry socket results nevertheless.

Can you suggest any other dry socket treatment?—F. L. M., Ohio.

A.—We know of no treatment of erosion so far as curing it or preventing it is concerned, except to desist from the use of abrasives in brushing teeth.

The sensitiveness of these areas can be helped and in some instances entirely controlled by the use of formalin in the following manner: the areas are blocked off with cotton rolls and, after polishing them thoroughly

with flour of pumice and cleansing them and drying, an orange-wood stick that has been shaped to a thin wedge is soaked in the formalin (40 per cent) and, as it dries out a little, the area is ironed with this formalin impregnated stick. It should be ironed for several minutes and the result is usually a complete relief of sensitiveness. The formalin is applied in this manner, so that there will be no contact of the formalin with the soft tissues, because if the formalin gets on the soft tissues it makes a very sore area.—George R. Warner.

Hydrochloric Acid

Q—I have a patient who has been taking hydrochloric acid, intra-orally, for some years. His teeth are being affected, and there is need for some restorations. Would the acid have any effect upon porcelain, either as a restoration or on porcelain jacket crowns on the anterior teeth?

Since this patient has come to me I have him use an alkaline mouth rinse after he takes his acid. That is all that I have done, with the exception of placing two inlays.—C. C. M., Mississippi.

A.—Hydrochloric acid will not affect the porcelain in a restoration, jacket crown or facing, but will affect the cement with which a restoration or facing is set. The joint of a porcelain jacket crown, being under the gum, is not affected by the acid.

Silicate restorations are quickly dissolved by the acid.

Your plan of washing the mouth with an alkaline solution immediately after taking the acid is helpful.

One can take glutamic acid hydrochloride in a powder form contained in a capsule. Each cap-

sule releases an effective ten drops of dilute hydrochloric acid.—George R. Warner.

Mouth Breathing

Q—I have a patient, a girl, 9, who is a mouth breather, which is causing a malformation of her teeth.

Five years ago she had both tonsils and adenoids removed. The adenoids grew in again, and they were again removed last year. At present there are no nasal obstructions.

The mouth breathing is more customary when the child is sleeping.

Can you tell me some way to prevent this?

I can assure you your department in ORAL HYGIENE is eagerly awaited by me each month.—F. L. F., Pennsylvania.

A.—The correction of mouth breathing after the nasal air passages are clear becomes largely a matter of discipline. In the case of a nine-year-old girl, self-discipline should be effective. If she understands that she should breathe through her nose during her waking hours and that she should determine, when she goes to sleep, that she will sleep with her mouth closed, she will probably correct the bad habit.

The use of a Barton type bandage at night has been advised and might be used in your case if everything else fails.—George R. Warner.

Sore Mouth

Q—I should appreciate your advice on the following case:

I have a patient, 40, who received a full upper and lower set of vulcanite dentures, fourteen months ago. As for fit and comfort everything is correct.

Six months after he had begun to wear the dentures, the corners of his mouth continually have sores, which resemble canker sores. The vertical relations of his jaw are harmonious, and I even opened the bite slightly to aid him, but in vain.

He had been asked to consult a physician, and he was given certain advice which has done little good.

The condition will clear up if the dentures are left out for a period of ten days.

The patient is an outdoor operator of a gasoline station, if that will have any bearing on the case.—H. M., New Jersey.

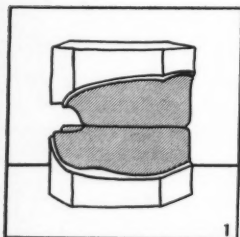
A.—The only cases of sore mouth at the corners, such as you describe, and which I have seen, seemed to be caused by saliva seeping out of the mouth into deep wrinkles at drooping corners in closed bite, or by sunken unsupported cheeks and lips of edentulous or denture patients. The remedy has been providing sufficient support with new or rebuilt dentures to prevent this occurrence. I have sometimes done this by opening the bite and adding buccal contour to the dentures.

Since you have already opened the bite for this patient you might try building buccal contour onto his dentures with wax. He can wear them with the wax in place for several days to see if it helps. Have him keep these areas well-coated with vaseline and keep the saliva sucked away from his lips as much as possible and swallowed. He can form the habit of sucking and swallowing very frequently to keep these surfaces as dry or free from saliva as possible.—V. Clyde Smedley.

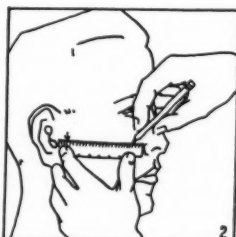
TECHNIQUE OF THE MONTH

Conducted by W. EARLE CRAIG, D.D.S.

Establishing the Bite, by Raymond K. Hyde, D.D.S.



Make bite blocks to fullness of periphery.



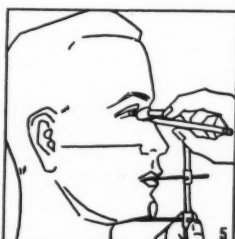
Draw nasio auditory meatus line. Locate condyle $\frac{1}{2}$ " anterior to auditory opening.



Cut upper bite block 1 mm. below upper lip and parallel to auditory meatus line. Trim lower to upper.



Draw median line, corners of the mouth, and high lip line.



Record measurements of face with dento profile gauge. Mark position on nose.



Reduce height of lower bite rim 4 mm.

Janua



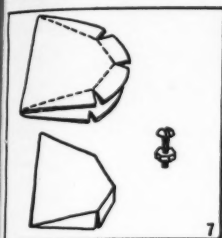
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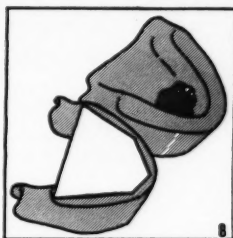
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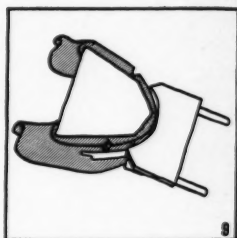
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To make internal gothic arch plate, use a piece of tin folded upon itself. Bend over the edges 5 mm. except on posterior which is the edge originally folded.



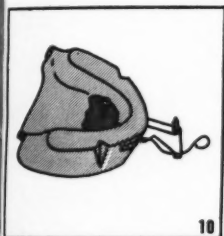
Imbed internal gothic arch plate in lower bite block flush with wax. Mount central bearing pin in compound in the center of palate on upper bite block.



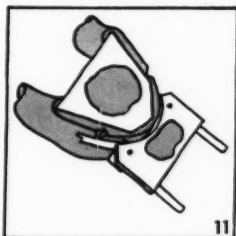
Mount Gysi external gothic arch plate on lower, level with internal gothic arch plate. Notch base plate on buccal.



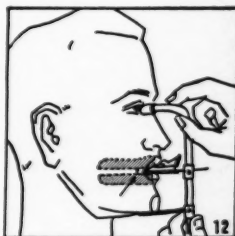
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Mount Gysi external gothic arch marker on upper bite rim on median line. Notch base plate on buccal.



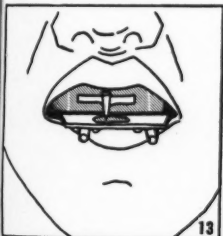
Melt a thin layer of carding wax on gothic arch plates.



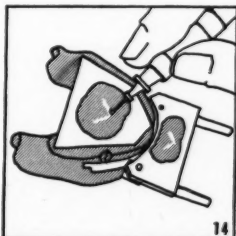
Return to mouth and adjust central bearing screw to profile gauge. Be sure that there is at least 1 mm. space between bite rims.



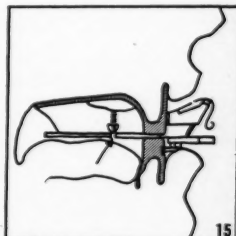
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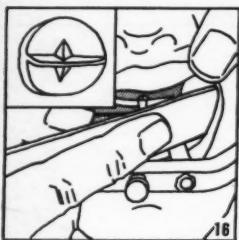
Have patient move jaw in all directions, laterally and protrusively. This will mark a triangle (with apex to anterior) in the wax on both internal and external plates.



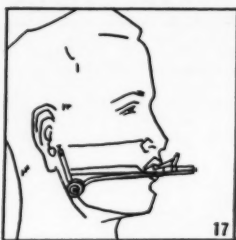
Remove base plates and drill hole in internal plate at apex of triangle marked in wax by central bearing screw. (Start with No. 1 round bur. Increase to No. 4.)



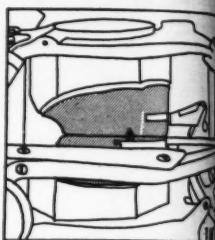
Return to mouth and have patient move jaw until central bearing screw drops into hole. The external marker should be at the apex of triangle.



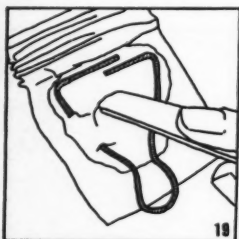
Make plaster locks on buccal. Allow to harden. Mark locks "right" and "left."



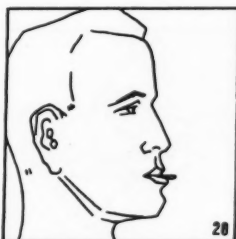
Adjust Gysi face bow to external gothic arch plate. Record readings.



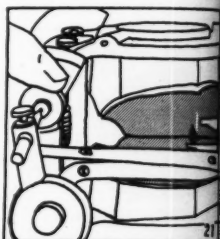
Mount case on articulator.



To secure protruded bite: Remove all attachments from bite rims and insert in mouth. Imbed a wire form in plaster spread on a piece of gauze 10" x 6". Fold the gauze over the plaster.



Have patient protrude jaw approximately $\frac{1}{4}$ " and close into plaster encased in gauze.



Set condyles on articulator.

Drawings by Dorothy Sterling

FOOTNOTES:

Internal gothic arch plate and central bearing pin can be adapted for use with almost every type of face bow.

Details for construction of a combined internal and external gothic arch plate with a removable internal gothic arch plate will be given on request.

If you are interested in a particular technique and would like to have it included in this series, please write to W. Earle Craig, D.D.S., 1005 Liberty Avenue, Pittsburgh, Pennsylvania.

try, 1941

articulator

articulator

Sterling



JELENO NO. 7
CAST GOLD
REG. U.S. PAT. OFF.

In the field of partial
denture golds it stands
alone.

GOLD COLOR—per dwt. \$1.95
Your Laboratory
Will Gladly Use It.

J. F. JELENKO & CO., Inc.
Manufacturers and Refiners of Dental Golds
136 West 52nd Street
New York, U. S. A.





Friend: "When your husband wants a kiss do you always give it to him?"

Worried Wife: "If only I knew!"

A recent postcard from a truthful vacationist at a seashore resort read: "Having a wonderful time! Wish I could afford it."

Man: "My shaving brush is very stiff. I wonder what's wrong with it?"

Wife: "I don't know. It was nice and soft when I painted the bird cage yesterday."

Izzy: "What is the difference between a sewing machine and a kiss?"

Lizzie: "I know they're different, but you tell me."

Izzy: "One sews seams nice and the other seems so nice."

Tom: "Why do all the fellows call Harefoot a Napoleon of finance?"

Alfred: "Because he had his salary raised six months ago and his wife hasn't found out about it yet."

Jerry: "Since you have become rich, I suppose you are out of touch with your old friends."

Harold: "O, dear, no. Some of them touch me nearly every day."

Man: "Edison once said that four hours of sleep were enough for any man."

Wife: "That's apparently what our baby thinks too."

Young man: "Now, we'll be different, dear. We'll still be keeping company after we're married."

Sweet Young Thing: "Yes, my mother, father and brothers."

Wife: "The new couple next door seem very devoted. He kisses her every time they meet. Why don't you do that?"

Hubby: "I don't know her well enough yet."

Murphy: "Was your bachelor party a success?"

Moody: "Was it? Man alive, we had to postpone the wedding for a whole week."

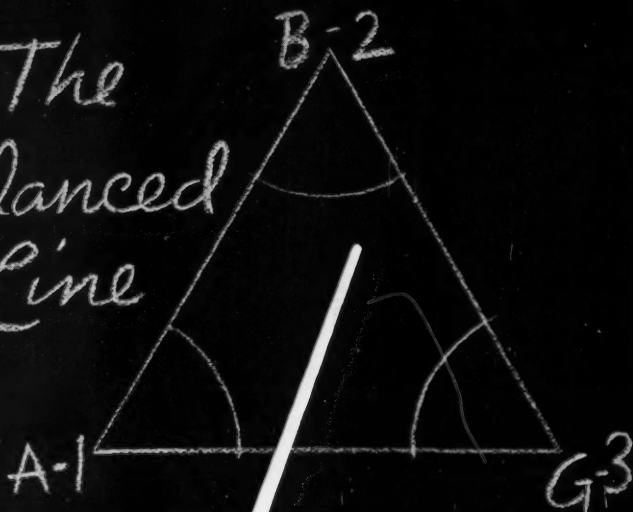
The three-year-old boy had taken his mother's powder puff and was fixing his face as he had seen her do, when his five-year-old sister grabbed it from him.

Sister: "You mustn't do that! Only ladies use powder. Gentlemen wash themselves!"

Doctor: "Your husband will never be able to work again."

Missus: "I'll go tell him. It will cheer him up!"

The
Balanced
Line



NEY-ORO

A-1

INLAYS

General Inlay Work
Melting Range: 1650-1775

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"Gold is the keystone of successful practice for permanence, prestige and patient satisfaction." This Balanced Line of NEY-ORO Casting Golds is uniformly priced at \$1.95 per dwt.

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Established 1812

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"Ney pays HIGHEST MARKET PRICES for precious metal scrap of all kinds; for greatest convenience, ship through your regular dental dealer."



Guess your

NO LESS than five ingredients are required to produce, from monomer, the powder polymer used in making "Lucitone." Monomer itself, a colorless liquid, is derived from carbon, hydrogen and oxygen and is polymerized, or permanently solidified, to become polymer.

Naturally the proportion of the five ingredients is important. They *could* be measured out in teacups, tin cans, or by any other rule-of-thumb method . . . to produce a polymer which would work—sometimes.

But guessing is not in accord with scientific processes. Du Pont doesn't think working "sometimes" is good enough for the dental profession.

Therefore, automatic precision scales measure the ingredients that go into the polymer, to make certain that

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weight? *Not here!*

the proportions will conform exactly to the standard formula.

The actual polymerization is also precision controlled by automatic regulating equipment. Only in this way can a uniform, solid polymer of unvarying quality and form be produced for ultimate combination with pure monomer into the finished denture unit.

That's one of the reasons why you can always be sure of "Lucitone," an acrylic resin specially synthesized for dentures. Its quality, the highest obtainable, never varies. That means certain satisfaction for your patients, reassuring protection for you. E. I. du Pont de Nemours & Co. (Inc.), Plastics Department, Arlington, New Jersey.

"Lucitone," the only methyl methacrylate resin denture material made by Du Pont, is distributed solely by The L. D. Caulk Co., Milford, Del.

ADVANCES IN CANNING TECHNOLOGY

I. Requirements for the Modern Canning Factory

● During the first decade of the 19th Century, Nicholas Appert, an obscure French confectioner, worked out empirically the basic principles of canning. In 1811, the first English edition of his book on the "Art of Preserving" was published (1). This text lays down the fundamentals of the canning process; it describes the necessary organization of a canning establishment and its equipment; and it lists canning procedures for more than 50 foods of both animal and plant origin.

Viewed in the light of modern knowledge, Appert's book is surprisingly complete and many of his observations amazingly accurate. Naturally, in the 130 years since his book was published, many advances have been made in canning technology. Consequently, when Appert's quaintly worded descriptions of the requirements for the use of his process are compared with those of modern commercial practice, some insight may be had as to the vast improvements which have been wrought in this important field of food preservation since its humble beginning.

One striking contrast between the old and new in canning lies in Appert's description of the necessary features of a canning establishment of his day. Appert's establishment apparently was composed of seven rooms or "apartments". Four of these were equipped to handle the preparation of fruits, vegetables, and foods of animal origin; the fifth room was devoted to the cleaning and storage of the glass bottles used as containers; the sixth room was the "sealing" room in which the bottles were corked after filling with food; the last room contained the large covered kettle in which the sealed containers were processed in boiling water.

The requirements for the modern canning are, of course, much more exacting, both from the standpoint of factory site,

arrangement, and equipment. Today, canneries must be located close to the fields, orchards, or waters from which the raw materials are harvested. Rapid handling of freshly harvested raw stock—a prime requisite for quality of the final product—is thus facilitated. The factory site must also be chosen so that an adequate supply of potable water is available. The modern canning plant is arranged specifically for handling the product or products that will be canned. This provides for continuous, rapid, and even flow through the various operations comprising the canning procedure for the particular product.

Needless to state, the equipment requirements of the modern canning factory are also much more complex than in the days of Appert. Present-day, large-volume production—necessary for the manufacture of a low-cost product—requires the use of high-speed automatic equipment for conveying the raw materials through the cleansing, preparatory, and all other operations of the commercial canning procedure. Frequently, much of this equipment must be constructed of special metals or alloys; in all cases it must be so constructed as to permit rapid, thorough, periodic cleansing. To maintain and control this highly specialized machinery, a skilled mechanical staff is necessary.

Space will not permit fuller description of other requirements for the cannery of today. Thousands of such factories combine to form the American canning industry, whose products already have become so essential in our modern civilization and in our national defense. Commercially canned foods have fulfilled every prediction of Appert by whose "extensive practice and long perseverance" a new means of food preservation was made possible.

AMERICAN CAN COMPANY, 230 Park Avenue, New York, N. Y.

REFERENCES

- (1). The Art of Preserving All Kinds of Animal and Vegetable Substances, M. Appert, Black, Parry, and Kingsbury, London, 1811.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-seventh in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

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Professional
Acceptance



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Comfort

AS WELL AS
GOOD DENTISTRY



GIVE THEM

PANODYNES

AFTER THE *Extraction*

AIDS IN RELIEVING DENTAL PAIN



ALSO . . . effective in relieving pain due to headache, neuralgia and neuritis.

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Everywhere—America Wide

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Professional
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Write TODAY FOR

FREE PANODYNE SAMPLE SERVICE
TO DENTISTS...ON REQUEST

WILLIAM A. WEBSTER COMPANY, MEMPHIS, TENN., U.S.
PHARMACEUTICAL MANUFACTURERS

RESTORE TISSUE TONE

In Periodontal Disease
More Rapidly with

ALUDROX

CLINICAL REPORTS show clearly that Aludrox, Wyeth's Alumina Gel, Dental, is a valuable adjunct to instrumentation and prophylaxis in the more rapid restoration of normal tissue tone in the treatment of periodontal disease.

Aludrox removes irritant substances and bacterial toxins from pockets and crevices by adsorption, a purely physical process. It exerts a beneficial astringent action without undesirable vasoconstriction. It is not a chemical antiseptic and thus cannot corrode or damage gingival tissue.

Aludrox is applied undiluted to the periodontal tissue with a swab, toothbrush or digitally. Best results are obtained if the patient uses Aludrox, diluted, as a mouth wash several times daily at home between office visits. Folder giving complete technique of treatment will be gladly supplied on request.



*Periodontal pocket formation
in lower molar area.*

Supplied in 4-oz. bottles.

JOHN WYETH & BROTHER, INC.
Philadelphia, Pa.

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ANOTHER MILESTONE IN DENTAL METALLURGY

Williams
X-RAY CONTROL



DENTISTRY has long recognized the important role of X-ray in detecting hidden defects in oral anatomy. Today X-ray serves dentistry with renewed importance!

Now . . . Williams precious metal alloys are subjected to the penetrating "eyes" of radiographic inspection. With special, high-powered X-ray equipment, Williams research looks into the internal structure of the densest alloys, hunts for flaws, guards metallurgi-

cal structure with *complete* control of manufacture. The result? Precious metal alloys unsurpassed in quality, purity and uniformity.

Williams "6" *All-Purpose* Casting Gold is a typical contribution of Williams research—the original *all purpose* gold for *all* types of prosthetic work. Ask your dealer—or your laboratory—or write to: Williams Gold Refining Company, Buffalo, N. Y. (In Canada: Fort Erie, N., Ontario.)

WILLIAMS

all Purpose
CASTING GOLD

Inductively Melted — X-RAY CONTROLLED



One of the Rohm & Haas Research Laboratory Buildings

Why Special Denture Acrylics?

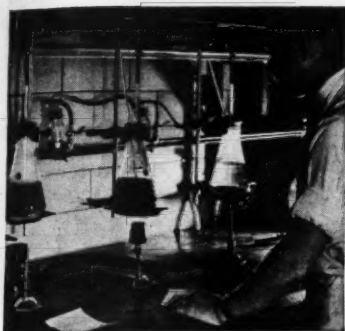
SPECIAL acrylic formulations are synthesized specifically for Vernonite and Crystolex dentures for two reasons: first, to meet the high standards of the dental profession and, second, to meet the practical requirements of the dentist and dental laboratory.

The dentist specifying Vernonite and Crystolex can rest assured that these materials are as pure as modern scientific synthesis can make them. The powders, for example, contain no commercial mold lubricants or plasticizers of questionable toxicity. The liquids are free of solvents such as benzene and toluol

and of the decomposition by-products found in monomers made by "cracking" commercial acrylic scrap.

This purity is further assured by uniform production to meet the specifications of the Vernonite and Crystolex formulations. To this end, every reaction, every distillation is rigidly controlled and repeatedly checked—as only the original acrylic manufacturer can control and check them. The purity and freedom from toxic effect of Vernonite and Crystolex is established not only by years of practical, in-the-mouth tests, but also by independent research conducted in

● *The third in a series of advertisements about acrylic resins, their chemistry and varied uses by the Rohm & Haas Company, Inc., pioneers in the development of acrylic resins and manufacturers of Vernonite and Crystolex, the original acrylic denture materials.*



Research is Continuing on Acrylics

the laboratories of a recognized medical school.

In addition to insuring a pure, non-toxic denture, the special formulations of Vernonite and Crystolex permit the dentist or laboratory technician to pack a denture case in a minimum of time without sacrificing strength or other desirable properties in the finished denture.

In the powder-liquid form, for example, a plastic mix, free from graininess and sandiness, is quickly obtained—but the material remains plastic long enough for proper packing. Such a mix

cannot be obtained with commercial powders, except by adding plasticizers which may introduce undesirable instability, taste or odor.

This type of mix indicates homogeneous absorption of the liquid throughout the powder granules and the resultant denture is the strongest and most permanent type of acrylic known—a “cast” acrylic, as distinguished from the molded acrylics found in commercial practice. The Vernonite and Crystolex plastic blanks—which are essentially carefully pre-mixed powder-liquid combinations—are even more economical as to time and similarly insure a properly mixed acrylic and a strong, “cast” denture.

Vernonite and Crystolex, therefore, are made to meet the requirements of both the dentist and dental technician—made by the Rohm & Haas Company, workers with acrylics for over forty years, whose name appears on every package.

● *Vernonite and Crystolex are the trade-marks, Reg. U. S. Pat. Office, for the only acrylic denture materials manufactured by the Rohm & Haas Company. Vernonite is distributed by the Vernon-Benshoff Company, Pittsburgh, Pa., and Crystolex by the Kerr Dental Manufacturing Company, Detroit, Mich. Both materials are available in either powder and liquid or cake form and in clear or gum pink color.*

ROHM & HAAS COMPANY, INC.

WASHINGTON SQUARE, PHILADELPHIA, PA.

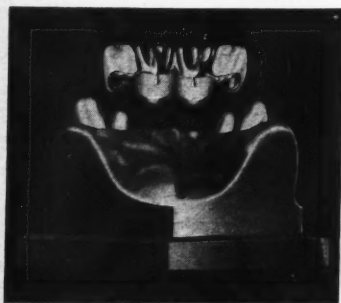
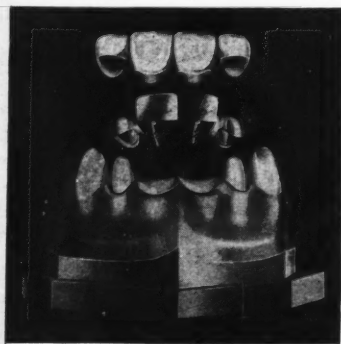


Steele

YEARS of SERVICE

The

COLUMBUS DENTAL MANUFACTURING COMPANY,
originators of Steele's Regular Facings and the Trupontic line of
interchangeable teeth for bridgework, have in the past thirty-five
years pioneered and developed
many new departures in the steady
advance of American Dentistry.

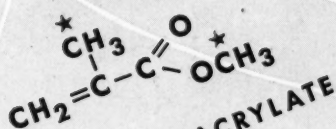


Steele's Trupontic, the tissue contact restoration is famous among these practical improvements. Trupontics, offering a glazed porcelain surface in contact with the mucosa are, when properly adapted, the most esthetic and hygienic type of bridge tooth available to dentistry today. . . .

Further information on Trupontics is available, to you Doctor, at your request.

★

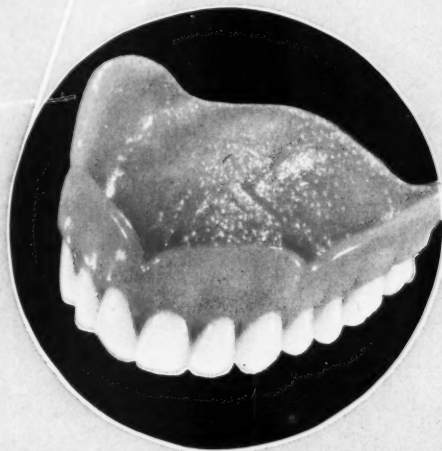
The COLUMBUS DENTAL MFG. CO. • COULMBUS, OHIO



METHYL METHACRYLATE

VERNONITE'S

superiority in the dental profession is due not only to early scientific research, years of clinical observation, countless tests, but to the constant care of chemical formulations by a reliable chemical firm. It is made of pure ingredients for the sole purpose of constructing full and partial restorations. It is chemically stable, unchanging, always uniform—consequently 100% dependable. You can use and specify this outstanding denture base with complete confidence.



Slight differences in chemical formulae produce significant differences in desired results. Vernonite, made from a proved formula, assures greater strength, dimensional stability, tissue tolerance, color permanence.

Vernonite is the trade-mark, Reg. U. S. Pat. Off., for an acrylic resin denture material manufactured by the Rohm & Haas Co., Philadelphia, Penna., under U. S. Patent numbers 1,980,483 — 2,013,295 — 2,120,006, and distributed by Vernon-Benshoff Co., Pittsburgh, Penna.

VERNON-BENSHOFF COMPANY

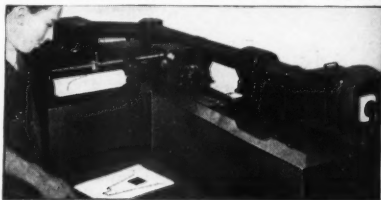
P. O. Box 1587, 933 Ridge Ave., Pittsburgh, Penna.

A MECHANICAL MASTERPIECE..



AT LAST! PROOF THAT ALL DENTURE POWDER IS NO

**IMPARTIAL
LABORATORY TESTS
SHOW
DR. WERNET'S POWDER
26.1% WHITER
50% MORE VISCOUS
46.5% MORE ABSORBENT
THAN AVERAGE OF 5 LARGEST-
SELLING BRANDS TESTED**



26.1% Whiter (by Spectrophotometer reading) means proven purity . . . less foreign matter, less bark particles, less dirt! No dark gummy mass on patient's plate . . . easier to clean.

NEARLY 50,000 DENTISTS USE AND RECOMMEND

DR. WERNET'S
DENTURE POWDER

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...Yet a psychological mis-fit!

EXPERIENCE SHOWS DENTURE SUCCESS 60% MENTAL

15-25 pounds biting pressure on aching gums slows plate mastery . . . often dooms fine dentures to discard

Expensive plates . . . skillfully made . . . perfectly fitted—*yet never worn!*

Are the dentures *you* make mental hazards?

Experience shows that 60% of the success of a new denture is psychological! Even the best-made plate is a huge, hard, foreign mass in a mouth that's never worn one. Exerting a biting pressure of 15 to 25 pounds, it torments tender gums . . . often becomes a "mental handicap" . . . and may end up, unused, in a bureau drawer . . . unfortunately, no compliment to the dentist who made it!

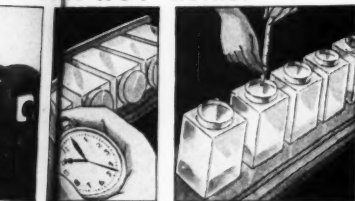
That's why, during the difficult "learn-

ing period," thousands of thoughtful dentists *assure* patient's comfort . . . and denture success . . . by prescribing DR. WERNET'S Powder.

EVEN FINEST PLATES NEED "SHOCK ABSORBERS"

We strongly feel that powder should never be used to provide suction where good suction already exists. But leading dentists agree that DR. WERNET'S Powder should be prescribed during the first trying months . . . to provide a protective, shock-absorbing comfort-cushion . . . to lessen irritation, to promote ease and assurance, to speed denture mastery!

POWDERS NOT ALIKE!



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more Viscous,
added secur-
more shock-
ing quality.

46.5% more Absorbent, means greater viscosity despite saliva absorption.



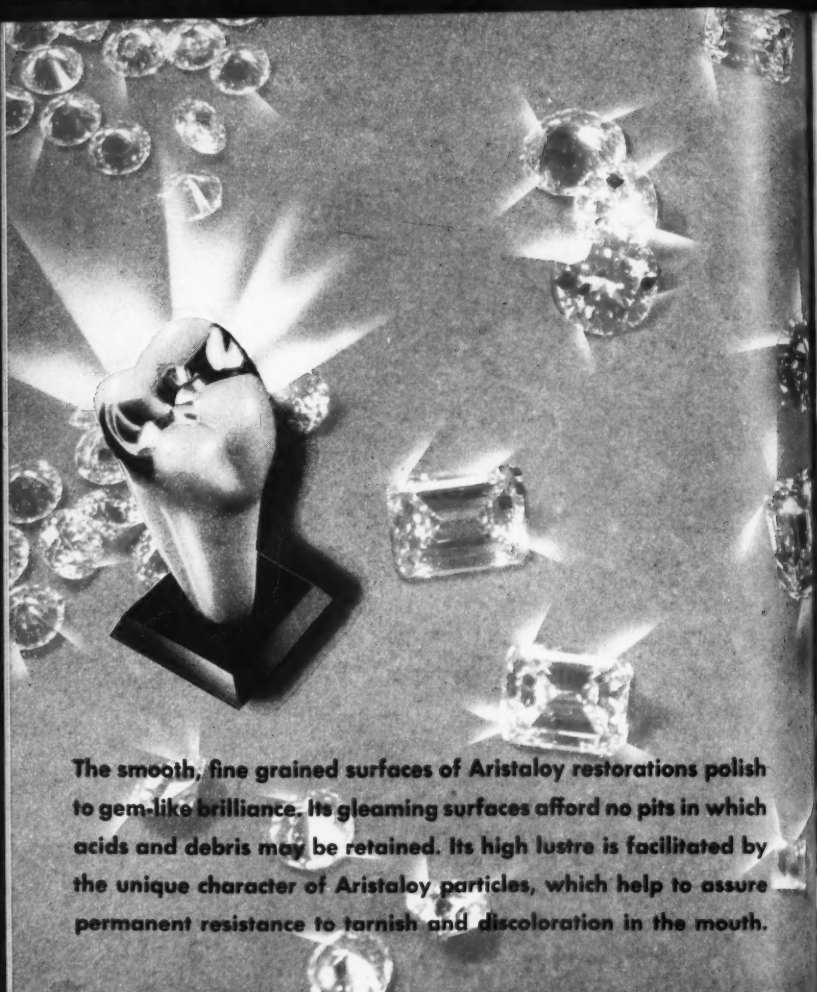
For almost thirty years, DR. WERNET'S Powder has been recognized professionally as a product that can be conscientiously and successfully prescribed. It is not advertised to the public because we believe that only a dentist is qualified to recommend its use.

SEND FOR YOUR FREE SUPPLY! Mail lower portion of this page, with your card, or letterhead, to Wernet Dental Mfg. Co., 190 Baldwin Ave., Jersey City, New Jersey.

DR. WERNET'S

POWDER

COMPLETES YOUR DENTURE SERVICE



The smooth, fine grained surfaces of Aristaloy restorations polish to gem-like brilliance. Its gleaming surfaces afford no pits in which acids and debris may be retained. Its high lustre is facilitated by the unique character of Aristaloy particles, which help to assure permanent resistance to tarnish and discoloration in the mouth.

Aristaloy

BAKER

Complies with A.D.A. Specification #1.

BAKER & CO., INC. • 113 ASTOR STREET • NEWARK, N. J.

A night
"tired"
eludes
every
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One o
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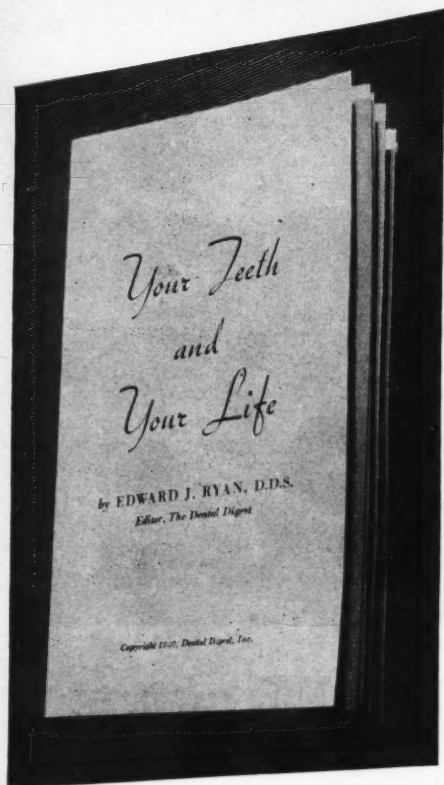


NOCTURNE

A night of gentle restful sleep, of complete muscular and nervous relaxation, is truly "tired Nature's sweet restorer." To ensure the needed helpful sleep that so often eludes patients after dental procedures, many dentists prescribe Allonal routinely in every case. Years of consistently successful use have proved the rare value of Allonal, not only as a hypnotic, but also as an analgesic to relieve nerve-shattering and sleep-preventing pain that so frequently follows dental operations. Its two active ingredients, allyl-isopropyl-barbituric acid and acetophenetidin, induce sleep and overcome pain. One or two Allonal tablets can be counted on to bring six to eight hours of unbroken refreshing slumber. Such a dose can be repeated, if necessary, without cumulative effect and without morning-after hangover. Allonal does not contain amidopyrine.

HOFFMANN - LA ROCHE, INC. • ROCHE PARK • NUTLEY, NEW JERSEY

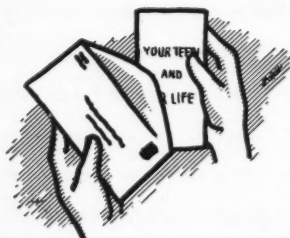
ALLONAL OVERCOMES PAIN AND SLEEPLESSNESS



NOW READY FOR IMMEDIATE DELIVERY TO THE ENTIRE DENTAL PROFESSION . . .

Orders for over 15,000 copies were received from our original announcement. You'll find this booklet a distinct help in your educational program. Use convenient order blank on opposite page for your copies.

SOME SUGGESTED USES



STATEMENT ENCLOSURE



RECEPTION ROOM USE



HOME USE

Patient-education is an important factor in any dental practice. An *understanding* patient is a *better* patient—one who realizes the value of proper dental care, and the dangers of neglect.

To this end YOUR TEETH AND YOUR LIFE is a *powerful but ethical* means of educating the dental patient. The story incorporated with the charts is one that drives home the value of proper dental care—and the dangers of neglect. The charts tell a complete story in a simple manner and serve as a reminder that regular dental treatment is important to good health.

There are many ways **YOUR TEETH AND YOUR LIFE** can be used in *your* practice: (1) as a statement enclosure; (2) for reception room use—patients can read the booklet while awaiting dental treatment (reading time 5 to 10 minutes); (3) for patient distribution upon dismissal; (4) for dental societies and Parent-Teacher Association groups. The booklet can be used indefinitely for the above purposes. Perhaps you will think of other ethical uses.

Because of printing a very large quantity we are able to offer this booklet to you at relatively low prices. 25 cost only \$1.00. For 100 the price is \$3.00. Surely *you*, too, can put **YOUR TEETH AND YOUR LIFE** to immediate use in your practice. Your order will have prompt attention.

The coupon below is for your convenience in ordering NOW. Fill it in and enclose it with your remittance and it will be only a matter of a few days before you'll have this valuable material for patient distribution.

USE 5 Liberty Ave., Pittsburgh, Pa.

re is \$———covering copies of YOUR TEETH
AND YOUR LIFE. Quantity is marked in box at right.

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O.H. 1

Quantity:

☐ 100 \$3.00

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Prices on larger quantities upon request.

FACTS Every Dentist Should Know

Are you profiting
by prescribing
STIM-U-DENTS?



YOU know the value of **STIM-U-DENTS** as an aid to tooth cleanliness and gum health. But do you realize their importance in promoting tooth consciousness and frequent dentist-patient relationship? Users everywhere tell us that Stim-U-Dents reveal cavities they did not know were there. This moves them to contact their dentists promptly for repairs. **KEEP YOUR PATIENTS THINKING OF YOU** by prescribing **STIM-U-DENTS**. Ask for free samples today. Simply write "Samples" on your business card and mail to:

STIM-U-DENTS, Inc.

54 Alfred Street, Detroit, Michigan

STIM-U-DENTS

FINISH WHAT THE TOOTH-BRUSH LEAVES UNDONE

Are you looking
for appropriate
patient-education

material If so don't

overlook special

announcements in

this issue



See pages 72b 72c 72f 72g

Neither Too Hot Nor Too Cool— *But Precisely Controlled*

Constantly and relentlessly on the search for manufacturing variables!

That's the message of the "behind-the-scenes" picture you see below. W.B. Buckalew, a veteran with twenty years' service in helping to make 20th Century Alloy, regularly records the temperature inside the induction furnace, using a portable pyrometer.

His one responsibility is always to be accurate. In the operation shown, he must precisely control the furnace heat to "build" into 20th Century Alloy the properties so essential for your success in the construc-

tion of durable amalgam restorations.

If, by chance, you are not using 20th Century Alloy, tell us so on a post card and we'll welcome the opportunity to convince you about its genuine merit.



For modern materials
call on **Caulk**
MILFORD, DELAWARE

20TH CENTURY ALLOY

DENTAL CONDITIONS

DETTISRY
IN
EDUCATION
VIAL



Full color slides of 16 of the most popular charts in
Visual Education in Dentistry are available in
this set.

NOW

NOW AVAILABLE

Full color slides of 16 of the most popular charts in *Visual Education in Dentistry* are now available in standard 2" x 2" kodachrome slides for projection. Many practitioners have requested that these slides be made available. A set of appropriate lecture material is furnished with each set of slides ordered.

Uses: (1) Chairside—in special dental projectors, or any projector that uses 2" x 2" standard slides. (2) Before groups—suitable educational material for talks before public groups such as Parent-Teacher Association, etc. Appropriate lecture material for each subject is furnished with each set of slides.

The following Charts are available as Slides:

- | | |
|---|---|
| 1. How the Loss of Teeth Affects the Face | 9. Pyorrhea Treated or Neglected |
| 2. The Action of Local Anesthesia | 10. The Collapsed Face |
| 3. What Does the X-Ray Show? | 11. The Circulation of the Blood |
| 4. Irregularities of the Teeth | 12. The Requirements of a Correct Restoration |
| 5. "One Rotten Apple Can Spoil a Bushel" | 13. "Things Are Not Always What They Seem..." |
| 6. The Danger from the Impacted Tooth | 14. Why Construct a Bridge? |
| 7. The Progress of Tooth Decay | 15. Dental Conditions |
| 8. Insulation | 16. "A Little Neglect May Breed Mischief..." |

Price \$16.00 for a set of 16 Kodachrome slides. Please send remittance with order so that the slides can be shipped promptly.

THE DENTAL DIGEST,
1005 Liberty Ave., Pittsburgh, Pa.

Here is my remittance in amount of \$16.00. Please send me a set of 16 kodachrome slides along with the lecture material. I understand that the slides fit any projector that takes the standard 2" x 2" slides.

Dr.
Address
City



GREGARIOUS

DEFICIENCIES

They travel in twos, in threes, in small congregations — deficiency diseases are gregarious and rarely will be found alone.

The consensus of expert opinion is that "when one clear-cut deficiency syndrome is present, other less-marked deficiencies are almost always to be seen."

To meet this situation White Laboratories have prepared a Capsule which contains five of the vitamins known to be commonly deficient.

For vitamin therapy in multiple deficiency, which may be evi-

denced by trophic changes of dental and parodontal structures, in malnourished youngsters, in pregnant women, in convalescents, these Capsules are an effective and convenient aid.

Each small Multi-Vi Capsule contains:

- Vitamin A — 10,000 U.S.P. units
- Vitamin B₁ — 200 U.S.P. units
- Vitamin B₂ — 100 Gamma
- Vitamin C — 500 Internatl. units
- Vitamin D — 1,000 U.S.P. units

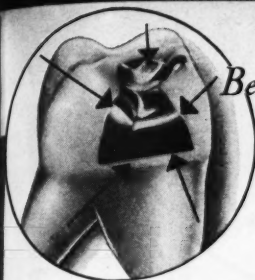
Supplied in packages of 24; bottles of 100 and 500.

WHITE'S MULTI-VI CAPSULES

ETHICALLY PROMOTED
not advertised
to the laity



WHITE
LABORATORIES, INC.
NEWARK,
NEW JERSEY



Because here's where decay recurs...

IT'S NOT ENOUGH TO FILL

YOU MUST SEAL!

AS IN THE CASE of a building or any other superstructure, a dental restoration is no better than its foundation. The latter — *the natural part of the tooth* — must be preserved in a sound, healthy condition or a restoration of even the most durable material becomes a failure.

Thus the object of a dental restoration is more than merely to replace lost tooth structure. Its true aim is to do that so as also to *safeguard* the remaining portion of the natural tooth from further carious destruction.

► Since such recurrence of decay begins at the surfaces operated on — *at the walls and margins of a cavity* — a restoration, if it is to last, must of necessity protect them from the ever-present action of moisture and of microbes.

To do that effectually — *to prevent the entrance of microbes* between the restoration and the natural part

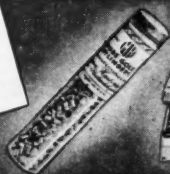
of the tooth — is clearly more than a matter of *filling* the cavity. The restoration must shut out all air and saliva . . . must form such a *perfect union* with the walls and margins of the cavity as actually to *seal* it!

► This seal is thus the very lifeline of a restoration, the *seat of its life*. Without it, it would be no restoration at all, but merely a lump of material occupying a cavity — of no connection with the tooth.

How this seal is best formed, *and maintained unimpaired*, also the comparative success with which this may be realized by the various restorative materials in present use, will be considered and explained in subsequent discussions. *Watch for them*. We believe they will repay your interest and study!

MORGAN, HASTINGS & CO., 817-21 Filbert Street, Philadelphia, Pa. — World's Oldest and Largest Manufacturers of Filling Golds exclusively. Established 1820.

GOLD FOIL
lasts longest
because it seals
the cavity best!



Ouch!



"This hurts me more than it does you" is an old saying that is full of meaning to dentists also. For when a patient suffers needless pain he tells his friends, delays appointments, may not come back at all When using a local anesthetic it is wise to use a **GOOD** one. Much depends upon the choice of the brand. That choice not too infrequently determines the success of anesthesia, the comfort of the patient and the practice-building possibilities associated with the routine use of local anesthetic.

Rigid precautions for safeguarding the solutions are practiced by **MINIMAX**. These include delivery to you in a scientific **HY-VAC** package, a dust proof, damp proof, wholly oxygen-free container. You get **Minimax** solutions full of "vim, vigor and vitality."

Relaxed mentally and physically, receptive to your operative skill in comfort, confidence . . . unafraid, your patients will be pleased when you use **Minimax** anesthetic solutions. For personal peace of mind and the feeling of complete security you may depend upon **Minimax**.

Hy-Vac package patented U. S. Patent Number 2,215,479.

Prepared in three strengths: Epinephrin 1:30000, 1:50000, 1:70000.

Supplied in two size cartridges: large for standard syringes, small for short syringes: 25 cts. in each **Hy-Vac** package.

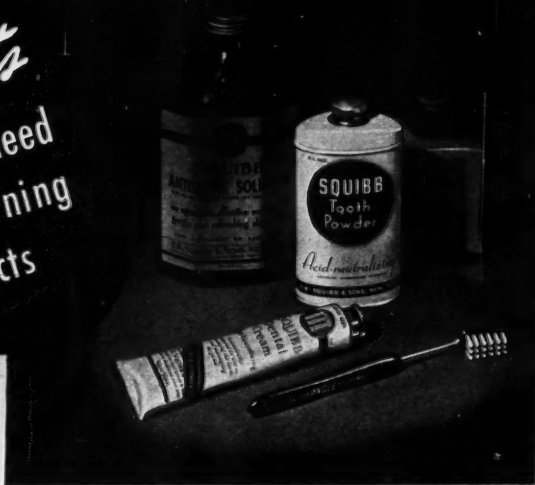


MINIMAX

The Minimax Co. • Medical & Dental Arts Bldg. • Chicago

Patients Aren't Scientists

...they often need
advice concerning
Dental Products



You can often render an extra service by giving your patients advice as to the dentifrice, mouthwash or toothbrush to use. Because Squibb Products have earned for themselves a reputation for absolute trustworthiness, we believe that their recommendation by you will help you maintain the confidence of your patients. Here is a partial list of products made by Squibb which are especially valuable for dental use.

SQUIBB DENTAL CREAM—A safe, effective dentifrice. Free from any ingredient which might be harmful to the teeth, the mucous membranes of the mouth or the stomach if swallowed. Ideal for children. Contains Squibb Milk of Magnesia—a safe, effective, acid-neutralizing agent. Leaves the mouth feeling clean and refreshed.

SQUIBB TOOTH POWDER—For those who prefer powder. It provides the same advantages as Squibb Dental Cream and is just as effective and enjoyable to use.

SQUIBB ANGLE TOOTHBRUSH—Bent at the same angle as your dental mirror to make it easy to brush the less accessible places in the mouth. Has three rows of high-quality, nat-

ural bristles—six tufts to a row. Two degrees of stiffness—hard and medium. Suited to mouths of all types and adaptable to all brushing techniques.

SQUIBB ORAL PERBORATE—A pleasant, palatable and free-flowing sodium perborate powder for use on a toothbrush, or in solution as a mouthwash when indicated.

SQUIBB DENTAL LOTION—A refreshing, cleansing, anise-flavored mouthwash for routine use. Mildly astringent.

SQUIBB ANTISEPTIC SOLUTION—An effective gargle and aid to oral hygiene. Used as a gargle or spray it helps relieve mouth and throat irritations.

For literature on Squibb Products for the Dentist address Dental Division, 745 Fifth Ave.

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL AND DENTAL PROFESSIONS SINCE 1858



THE WORD OF MOUTH ANTISEPTIC

VINCE

It speaks well for VINCE that many a prescriber first learned of this oral antiseptic by word of mouth. One dentist sees another and when they get around to talking "shop," Vince enters into the conversation. If one is unfamiliar with the preparation, the other will urge him to try it. If both are confirmed users, they compare notes on the various uses to which they put Vince. Most dentists use Vince as an all-round oral antiseptic. They prescribe it as a routine mouthwash and gargle; suggest its use in keeping dentures and appliances clean; use it as an aid in the treatment of Vincent's and other infections. ¶ You, too, can learn of the acknowledged suitability of Vince for these purposes. A trial quantity will be gladly sent you. Please write your request on your letterhead. Vince is supplied in tins of 2, 5 and 16 ounces.

Vince Laboratories, Inc., 117 West 18th Street, New York City

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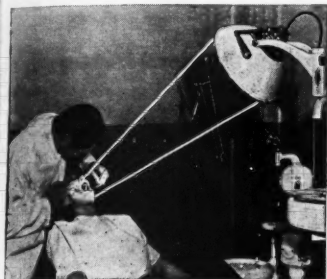
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BALANCED ILLUMINATION

makes the last hour of the day
as productive as the first.



BALANCED ILLUMINATION is not a catch phrase, but a scientific solution by Castle "T-V" and "G-V" Lights of your own personal lighting problem—that has a vital bearing on your personal efficiency.

Eye fatigue is reduced to the minimum because 56 cones of shadow-free light from the Castle "T-V" Light flood the back of the mouth with ample working light and at the same time eliminate distracting glare from the front teeth. There's no straining to see—no uncertainty over technique.

But that's only half the story. It's the illumination from the Castle "G-V" Light outside the operating area—pitched to scientifically correct levels—giving the same excellent quality of light for work outside the mouth that the "T-V" gives inside—that keeps you as fresh for the last working hour as the first.

That's why the Castle "G-V" and "T-V" are called the "Vision Twins," for they are matched for the dual job of precision dental lighting—*inside* and *outside* the mouth.



WILMOT CASTLE COMPANY, 1122 University Ave., Rochester, N.Y.

CASTLE LIGHTS

I'm sensitive



I dread the thought of my friends knowing that I wear dentures. I'm *terribly* sensitive about it doctor, and I know that I'll be self-conscious and utterly miserable.



Don't you worry a bit. Here's the kind of a case I'd like you to have. Can you imagine anything more natural? You can see now that you needn't be the least bit sensitive.

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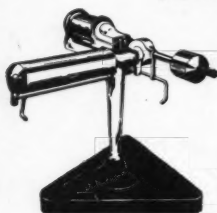
Say, was Mrs. Newberry relieved when I showed her the Densene Sample Case. Her fears evaporated into thin air when she saw how life-like her own denture would be.

Aren't you glad I saved the Densene Sample Denture Certificates—I merely returned 12 of them to the manufacturer and the free sample case was sent us a few days later.

Densene

NO GOLD LOSS!

... That's the big reason for the tremendous popularity of the



TORIT

**No. 7
CASTING
MACHINE**

Thousands of users also like them because they make casting so easy. Simply pull a trigger and the spring-operated cross bar starts **INSTANTLY**. It rotates **VERTICALLY**, so the molten metal in the crucible flows **IN A STRAIGHT LINE** into the mould—**ELIMINATING GOLD LOSS!**

Another feature that users like is the heavy base, which makes the machine **PORTABLE**—use it anywhere on your bench and set it away when not in use.

The No. 7 Machine is for inlays, small bridges and crowns. The larger No. 10 will make castings of any size.

Investigate them now—learn why thousands of users are making castings so perfect in every detail with these machines—why they have nothing but praise to offer for them.

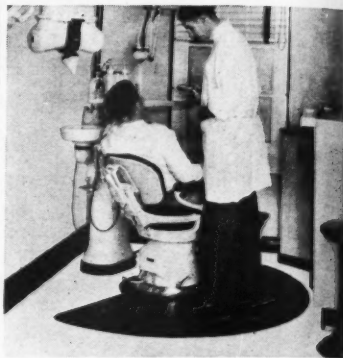
Ask for Catalog No. 13, showing TORIT Vertical Centrifugal Casting Machines—AND FOR INFORMATION ABOUT HOW YOU CAN BUY TORIT CASTING EQUIPMENT AT MONEY-SAVING PRICES.

Torit Manufacturing Co.

273 WALNUT ST. ST. PAUL, MINN.

Karpex

**DENTAL
MATS..**



THE LEADER FOR MANY YEARS

The name *Karpex* today—as in the past—means the best, at the lowest price, in dental mats. Call on your dental supply house for prices and beautiful color combination samples from which to choose.

KARPEX MFG. CO. — INDIANAPOLIS, IND.

MORE effective
polishing surface with
Crescent WEBBED Polishers

Webbs are designed to retain abrasive while in use

Webbed Polishers are smooth and gentle, yet powerful

Permanently mounted; will not slip off

40¢ DOZ
\$4 GROSS



Pat. Sept. 14, 1937

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO



Ever feel like
CUSSIN'
at an
Artificial Stone?

FRENCH'S Fren-Roc is a real aid to disposition. It "teams up" with the dentist to insure right results every time. Made of selected gypsum which is specially calcined, Fren-Roc gives *maximum* crushing strength (6000 lbs. to the square inch when dry) with *minimum* expansion (.13)

Fren-Roc has a setting time of from 8-12 minutes; needs no accelerator; will absolutely not chip or crumble. Yet with all these advantages, Fren-Roc costs no more than ordinary artificial stone, actually saves you money and time. Ask your dealer for free samples, and put Fren-Roc to the test under your own working conditions. We'll guarantee you won't go back to an average artificial stone.

Fren-Roc

THE FINER ARTIFICIAL STONE

Available in white or buff. Packed in Air-tight Weatherproof Steel Drums for your protection.

SAMUEL H. FRENCH & COMPANY

Plaster Manufacturers Since 1844

475-77 YORK AVENUE • PHILADELPHIA, PA.

A DENTURE POWDER

SHOULD BE

Also



FOR YOUR PATIENTS

PRAISED
BY DENTISTS AS
MOST HELPFUL
ADVICE
ON MASTERING
A NEW DENTURE



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So Soothing TO THE TISSUES!

THIN, TENDER
MOST SENSITIVE



COMFORT IS A PRIME ESSENTIAL!

● No matter how well a denture may fit, the mouth tissues, *unaccustomed* to its pressure, are likely to feel sensitive at first, and suffer irritation. Worse still, oral *hyperacidity*, or *chafing* incident to a denture that isn't sufficiently under control, often **AGGRAVATES** this irritation, causing soreness, rash, or inflammation. Yet, as all prosthodontists know, proper support for a denture demands that tissues be *comfortable*!

That's why **FASTEETH DOES MORE** than hold a denture more firmly in place. **FASTEETH** is alkaline, thus *more soothing* to the tissues! It checks the irritating effects of excess mouth acidity, soothes sore and inflamed tissues, and helps them tolerate the denture *quicker* and *better*.

Give your patients the benefits of its *soothing, cooling* comfort. Prescribe **FASTEETH** with every new denture you make.

Send for FREE Copies

of "Your DENTURE and YOURSELF." Ten pages of prosthodontic advice on diet, "sore spots," enunciation, etc. Includes illustrated pages showing how mouth tissues *change*, and the importance of periodic visits to the dentist to have dentures *readapted*. It will help make your denture service easier and more profitable.

CLARK CLEVELAND, Inc.
Binghamton, N. Y.

HY1

I should be glad to receive _____ copies of
"Your DENTURE and YOURSELF" for use
by my denture patients.

Doctor.....

Street.....

City..... State.....

TO THE PROFESSION:**THIS IS
AN IMPORTANT MESSAGE**

At intervals in the progress of new technics and new materials, some very marked improvements occur which seem to be several years in advance. Progress in denture materials to some seems rapid, to others slow, to some satisfactory, to others less satisfactory, but whatever your views may be, you are bound to agree that nothing short of perfection will stop the demand for better materials.

So you will be interested in knowing about "LUXENE 44." IT IS A MATERIAL THAT IS UNLIKE ANYTHING USED BEFORE, and those who have used it agree that it is years ahead of anything now in use.

It is new but time tested. It is twice as strong and tough as other denture materials. It reproduces with more accuracy, and it is more stable either in or out of the mouth. It possesses an extremely low moisture absorption, the actual figures being less than .3% of its own weight at mouth temperatures, whereas other materials in use

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today have a moisture absorption of 1.25% to 1.75% at mouth temperatures.

The color life is permanent, and the dentures are reported to be remarkably clean in use. Those who care and who want to service their patients with the finest materials obtainable cannot afford to overlook "LUXENE 44."

How can you obtain this superior product? It is a well established fact that the best results are obtained in the use of these complex, organic chemicals only when the technic of using them is carefully adhered to. To be sure of obtaining the maximum benefits of this material, "LUXENE 44" dentures are available through selected laboratories who have been properly trained and who really know and understand "LUXENE 44."

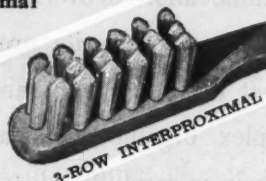
If you wish to process your own dentures, we suggest that you communicate with us so that arrangements can be made to properly advise you of the technic. This procedure is urged to help you obtain the best results possible.

LUXENE, INC.

118 East 25 Street, New York, New York

Scientifically designed for simplified massage-brushing

1. **SMALL HEAD** easily reaches intermost tooth surfaces.
2. **FULL TUFTS** of base end cut Chungking bristles, trimmed for interproximal massage brushing.



3. **STRAIGHT** Takamine Bamboc handle will not bend.
4. **STERILIZABLE** in boiling water.
5. **LOW COST** facilitates frequent renewal.

The design of Takamine toothbrushes is such that the patient need not be required to master a complicated massage-brushing technique. The three professional models illustrated offer a complete choice for the doctor's prescription. Each Takamine model is scientifically designed to the exacting requirements of leading periodontists. For example: The Three-row Interdental is designed to facilitate Dr. Hirschfield's technique; the Two-

row Interdental type is used for the technique favored by Drs. Charters, Stillman-McCall. The Standard model is designed to the specifications of Dr. Joseph Head.

The use of Takamine Toothbrushes in cases of Trench mouth is particularly important. These are the only toothbrushes that can be sterilized repeatedly in boiling water, without harming the brush.



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Enclosed remittance to cover my order for.....**TAKAMINE** Toothbrushes at professional prices as checked below: *Check bleached or unbleached bristles.*

For your office dispensation Special prices are:

....**STANDARD** at 7c each.

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☐ **UNBLEACHED BRISTLES**

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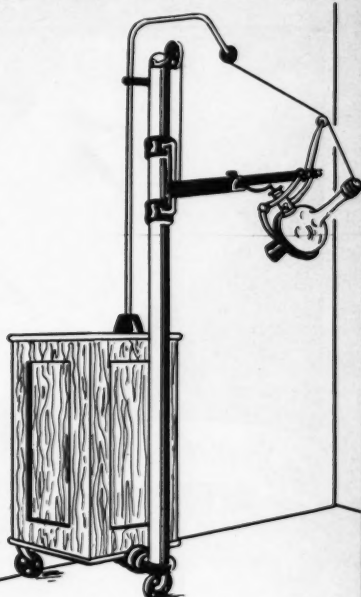
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A 1941 JOB ON THE ROAD



BUT IN HIS OFFICE...



Isn't there something a little ironical in the annual custom indulged in by some dentists of habitually turning in new cars for somewhat newer ones, yet continuing to "drive" their x-ray units until they fall apart?

Fun is fun, yes; but, after all, business is business. And one of the best ways we know of to improve a dentist's practice is replacement of wornout or obsolete x-ray apparatus with a modern, efficient, dental x-ray unit such as the CDX.

As you well know, patients—especially prospective ones—are all too easily impressed with visible signs of progressiveness. And, while they may never see their dentist's new car, they can't fail to notice an ageing x-ray machine.

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Please send me—without obligation—a copy of the CDX catalog, and information about the CDX convenient payment plan.

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In addition to the fact that the color guide is designed for easy and accurate color selection, the stems are longer and the teeth affixed so that you can place the Color Guide tooth closer to the natural, at the same time eliminating any interference in the correct matching of colors caused by shadows cast by any part of your body. If you haven't already requested a Veri-Chrome Color Guide, send off a card today.

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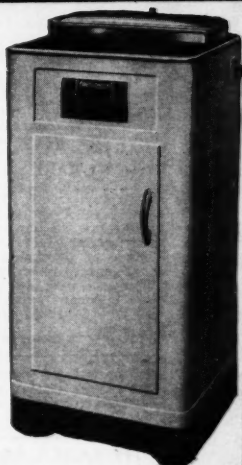
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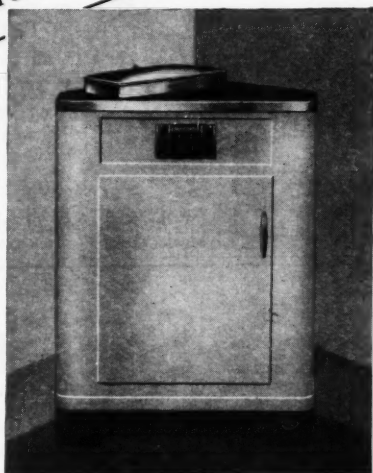
PROMETHEUS PRESENTS

3 OUTSTANDING NEW STERILIZERS

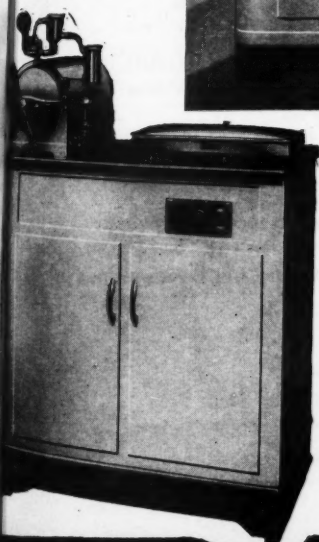
Prometheus steps to the front of the sterilizer field with three brilliant new cabinet sterilizers . . . new in design . . . new in features . . . new in operating efficiency . . . yet priced amazingly low. Be sure to see these models before buying that new sterilizer. Mail the coupon below for catalog and complete details.



"SPACE-SAVER" —
(Left) Brand New Fits snugly in any corner, with no waste of space. Raised sterilizer bakelite top, recessed base, sound-proof dust-tight door gleaming porcelain enamel finish, modern rounded corners. No. 935D.



No. 1250 — (Left) New! Cabinet has built in sterilizer. Can be bought separately—autoclave added later. Has recessed base bakelite top, etc., as "Space-Saver."
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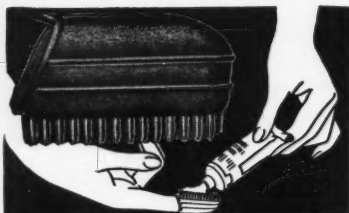
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Please send me complete literature and prices on your new cabinet sterilizers. ☐ Space Saver ☐ No. 1250 ☐ No. 905D.

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Made of pure surgical rubber. Sanitary, easy to clean. Fits finger snugly.

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8 for \$1.00 — Sample 15c — 44 for \$5.00

In the first few months of its introduction in the Chicago area, Hy-Kare Gum Massager received the endorsement of more than 2,000 dentists.

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It is only natural to expect a keener sense of fear in children, as you know. And also a greater pride in courage.

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*X-Ray Films are now supplied in
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*They're whiter!
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All Minimax X-Ray Films are now supplied in packets protected by "Duxbak"—the revolutionary, new moisture-repellent, downy-soft wrapper. This white covering is surfaced in such manner that it assists in maintaining a fixed position in the mouth. It is laminated with an inner layer of black paper to safeguard the film—and because the use of an adhesive for this purpose has been eliminated, Minimax films have a more convenient pliability without harsh stiffness. More comfortable to the patient, more sanitary than ever before, simple and easy to use—Minimax X-Ray Films offer advan-

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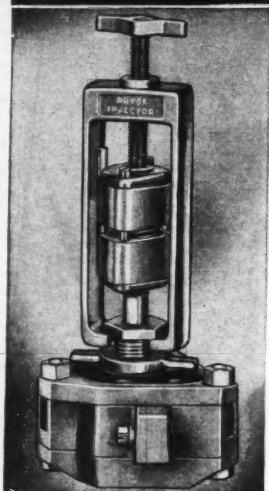
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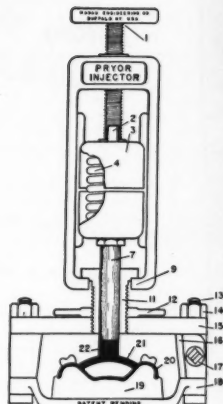
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Cross-section showing case invested in flask.

The Pryor Method of processing acrylic or similar denture materials enables you to produce **better fitting dentures** which—regardless of thickness—show

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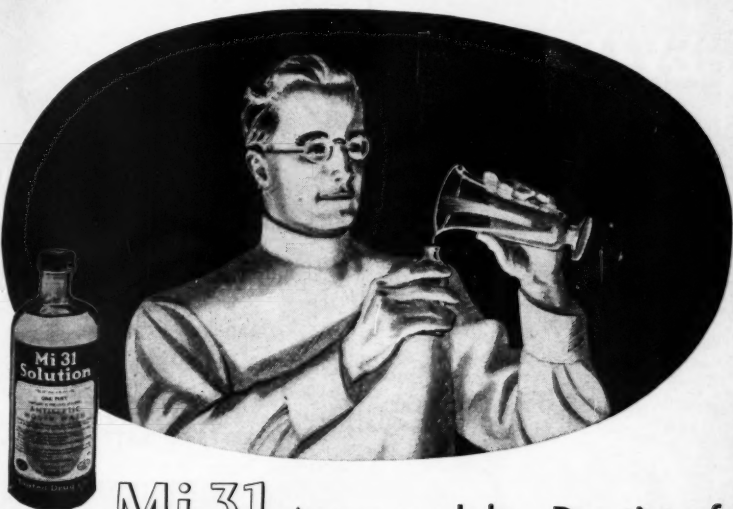
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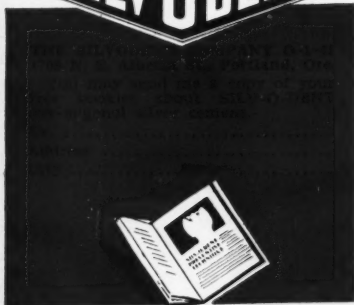
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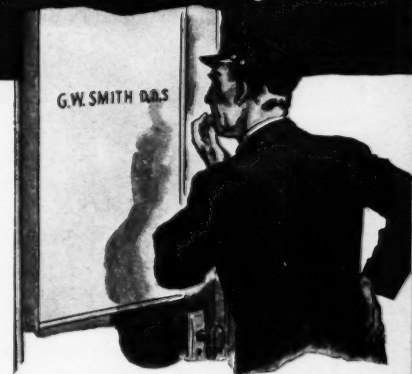
*...but puts off seeing
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DENTAL dread plays no favorites. In 3,000 investigated cases, 900 patients changed dentists over a ten year period because of dissatisfaction. Isn't it logical that much of this dissatisfaction can be attributed to uncontrolled pain?

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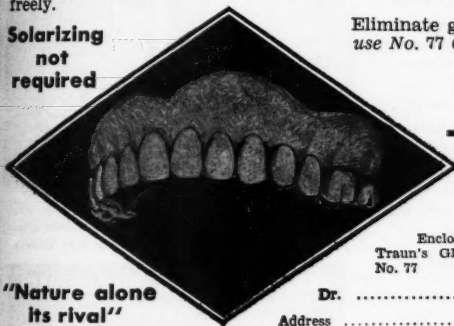
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To enjoy the extra long handle
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The stiff unbleached bristles
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Malocclusion
resulting from
functional
inhibition

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Dept. O-1, Long Island City, New York
Gentlemen: Please send me free

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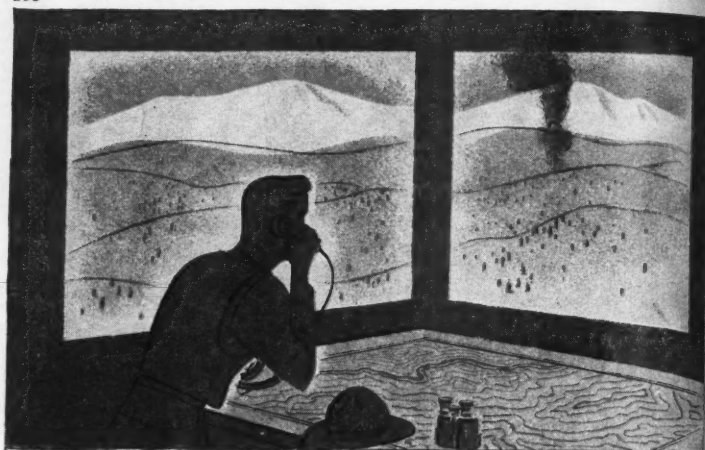
- ☐ A supply of samples of Dentyne Gum.
☐ A copy of the booklet "Systematic Masticatory Exertion."

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**"...FIRE STARTING
IN LAST-CHANCE GULCH"**

It would be difficult, indeed, to exaggerate the potential losses through forest fires which have been snuffed out early because of the vigilance and quick action of U. S. Forest Service Rangers. Similarly, it would be hard to estimate the postoperative pain and discomfort prevented by the use of Butyn-Metaphen Dental Ointment.

This product for the control of post-operative pain and infection combines the antiseptic properties of Metaphen in a 1:1500 concentration, with the rapid and relatively prolonged anesthetic action of 4% Butyn. These agents are in a nonirritating ointment base which is without objectionable taste.

Easily applied, the ointment controls or prevents postoperative pain. Its action is sustained for several hours. It is recommended for the control of post-operative infection for all cases of trauma, "dry sockets" and other instances where prophylaxis is desirable.

Butyn-Metaphen Dental Ointment has been used satisfactorily for its anesthetic effect in the treatment of painful pyorrhea pockets, as an anodyne following scaling, for abrasions of all types, and for relieving pain of ill-fitting dentures.

Butyn-Metaphen Dental Ointment is supplied in 1-ounce collapsible tubes. The convenient applicator nozzle is sufficiently long and suitably curved to reach all sockets. This nozzle is easily detached for cleaning and sterilizing. If desired, the ointment may be applied on a gauze dressing. You may obtain this ointment through your favorite dental dealer.

Abbott Laboratories, North Chicago, Ill.

BUTYN • METAPHEN
Dental Ointment

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TOOTH POWDER



IDEAL FOR DENTURES

Perfected in 1907 by August E. Drucker, the Revelation formula is never permitted to vary. As a safe, pleasant and notably efficient cleanser, this tooth powder has long been used and recommended by thousands of dentists; satisfies their patients.

In recent years, members of the profession have come to realize that Revelation, because of its thorough cleansing qualities, is ideal for dentures and orthodontic appliances, and will not cause denture material to fade; makes gold work fairly glisten.

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It **OILS**-CLEANS-STERILIZES all at once

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Ivory Elliott Curved Jaw Separators

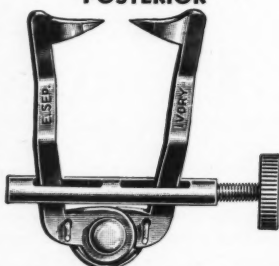
Suggestion of Dr. J. E. Argue

ANTERIOR



The anterior separator has broad wedges and deep curves, with short jaws so that it will follow the alveolar gingiva contour with little discomfort when separating for all anterior approximal surface operations. The arms are short so that the separator can be moved around the anterior teeth.

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The posterior separator has medium width wedges and less curve, with longer jaws to conform to the broad alveolar ridge in the molar region when separating posterior teeth. The arms are longer to reach back to the molars.

The curved jaws that pass between the teeth lowers the body of the separator, giving easier access to the cavity when operating or polishing.

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Please send me a sample of Clover Leaf Impression Plaster.

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THE Bull's-eye is Bigger

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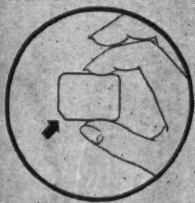
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Du Pont X-ray Films become rapid processing films by the use of Du Pont Concentrated Liquid Chemicals — 47 Developer and 27 Fixer.

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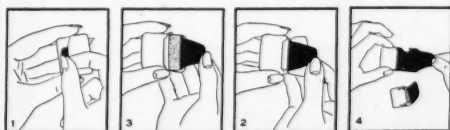
THE wide latitude of the Du Pont Dental X-ray emulsion gives you a broader range of correct exposure at which to shoot. The quality of your radiographs is more consistent whether you use the double-coated Du Pont "D's" or the single coated "S" Type films.

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X-RAY  FILM

In Easy-to-Open PULL-A-TAB packets



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DRY TRAINED TO SERVE YOU BETTER

THE TICONIUM TECHNIQUE PRODUCES
EXACT AND UNVARIABLE RESULTS.

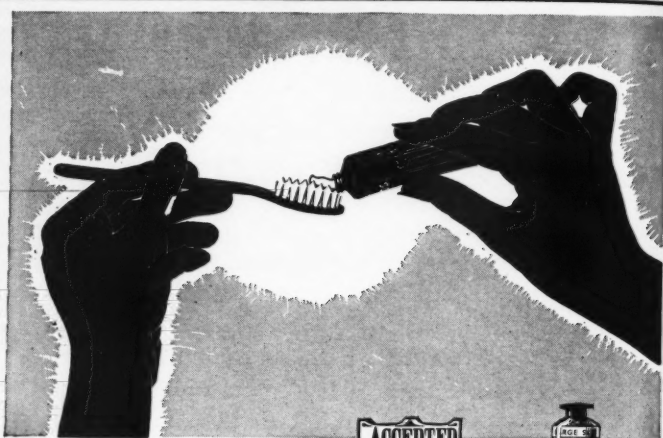
Ticonium restorations are immediately comfortable. Each case is cast to an exact standard of fit accomplished by a scientific technique so mechanized that human errors are reduced to a minimum. This greater accuracy compliments your skill, saves you time in fitting and adjusting.

Specify Ticonium for your next restoration. See for yourself how faithfully it interprets the results of your painstaking chair work.



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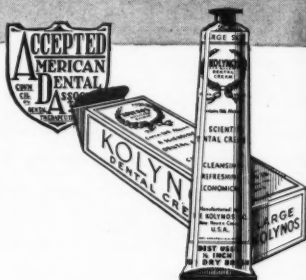
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KOLYNOS Dental Cream is a concentrated dentifrice that contains no added water. When used, one half inch on a dry brush, Kolynos produces a foamy cream in the mouth that assists the brush in cleaning and polishing the teeth without harmful abrasive action.

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What Gas Machine should I buy?

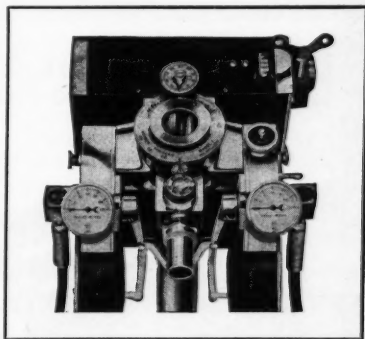
Know the **NARGRAF** and
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The installation of a gas machine in your office is a matter of great importance to you. *First* because it involves an investment that to be successful must pay you dividends over a long period of time. *Second* because the ease and efficiency with which the machine operates will, to a great extent, determine your own operating efficiency. The Nargraf is designed and built to satisfy to an eminent degree these two conditions.

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If Kelly's Paste is used to correct and complete the impression . . . you may always be assured that your patients will wear a denture that fits perfectly.

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1. give a strong steady flame because of the patented proportional gas mixer.
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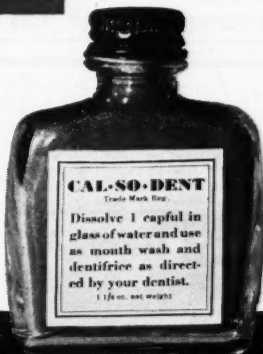
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a Brush like this

Bristles of Calsodent Brush are selected base-end-cut Chungking; retain resilience longer when wet. Three rows provide broadside firmness needed. (Crested brushing surface and rounded edges help prevent trauma.) Curved handle follows contour of jaw.



Contains no sodium perborate, no soap, no abrasives.

Cleans brush; does not mat bristles.

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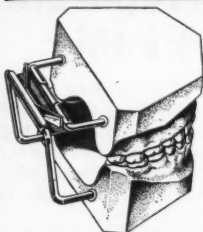
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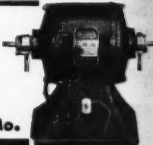
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Requires no mixing.

Is ready for immediate use.

Requires only 10 minutes chair time.

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Adheres to old denture surface.

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"True Blend" and Characterized Anteriors are supplied on this beautiful new Tooth Mount. It is now possible for you and the patient to visualize the finished denture on the first visit.

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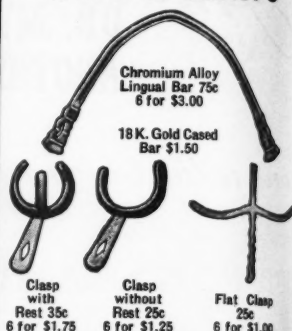
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is indicated in dental congestions for the relief of pain, in-
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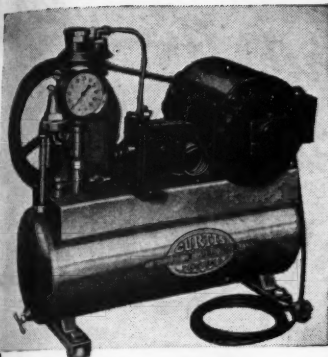
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*Operate Quietly,
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Curtis Automatic Dental Pumps are especially designed for this exacting service — to provide compressed air for the modern dentist. They reflect Curtis' 86 years of successful engineering experience and are precision built in every detail.

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Applied locally to gingivitis, stomatitis, herpes, non-specific ulcers, or abrasions, Campho-Phenique helps in correcting these abnormal conditions; it mitigates the disagreeable discomfort and pain, and soothes inflamed and irritated mucous membrane.

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SYNTHAY SYMPLEX can be used as an amalgam substitute for **OSTERIOR** and bicuspid cavities. Restores corners where much tooth-substance must be placed.

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3 SYNTHAY SYMPLEX can be used to replace amalgam for dental models. Becomes hard enough to use in 30 minutes. So hard, its crushing strength is not exceeded by any other similar product.

SYNTHAY SYMPLEX

Powder Portion \$2.00 each. Liquid Portion \$1.00 each. Assorted packages, 4 powder portions and 2 liquid portions, \$12.00.



GARHART REGULAR CEMENT

Mixed slow or fast—it's always a smooth mix. Fast setting, free flowing, enduring, dense, less heat distress. No lumps, granules, clots, or gas. Like Pearl—Yellow—Gray, and Gold Brown. Use Garhart Mic-Special for Porcelain Jacket Crowns.

GARHART 25% PURE COPPER CEMENT

Has greater strength and less shrinkage than any other copper cement because of its 25% pure copper content. Potently germicidal. Perfect for filling deciduous teeth.

Order GARHART CEMENTS From your Dealer Today. Garhart Cement Portions are larger (therefore more economical), the prices and quality are right.

GIANT PORTIONS

14 Portions
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\$10.00
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NU-PLATE A REBASING PLASTIC

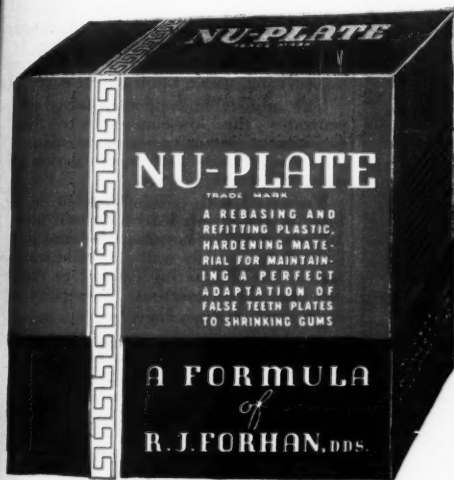
TRADE MARK

Nu-Plate is not a plate powder. It comes in tubes like tooth paste and does not deteriorate. It makes a temporary hard pink surface on plate. Temporary plates can now be kept firmly in place without daily applications of adhesive preparations.

Nu-Plate applied once or twice a month not only keeps all voids of a misfit plate filled, but prevents soft inflamed tissue caused by the shifting of the misfit plate. It exerts *just enough* pressure to firm the soft tissue and thereby makes possible the making of a permanent denture sooner. Its application will be appreciated by your discriminating patients. It is tasteless, odorless, no burning of tissues, lasts for weeks; becomes a pearly, pink hard surface.

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*Gives a Perfect New Impression on Old Plate
 Doctor, convince yourself of the
 many uses you have for Nu-Plate.*



Make your severest test by selecting some "impossible" case. Every dentist has at least one he would like to be finished with. Take impression on patient's misfit or old discarded plate. Have patient eat on it for a day or two. If he says it is the best ever, reline from this impression.

Order from your dental supply house. If you are unable to secure promptly, send \$1 per package prepaid.

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 16 RE-LININGS



the **HIGHEST**
practical silver
content alloy avail-
able to dentists

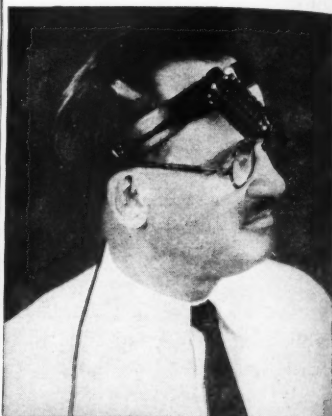


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★ Always keeps
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white lustre

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This Hu-Friedy light has been designed to give long service at little expense. It is very sturdily constructed, requires no servicing, uses a minimum of current.

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Furnished with cushion-padded headband in either soft leather or stiff fibre, 10 feet of rubber covered wire cord vulcanized to a sturdy wall-plug, and transformer for alternating current or rheostat for direct current. The price is exceedingly low . . . \$18.50.

Send the coupon for a ten-days' trial.

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3118 Rockwell St., Chicago, Ill.

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Address.....
City.....State.....
Dealer.....
Current.....A.C.....D.C.....
Headband.....Leather.....Fibre.....

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WRITE TODAY!

★ An x-ray, from the day of installation, say users, more than pays its own way. It soon pays for itself in full and afterwards remains a very satisfactory source of increased income. It satisfies patients, builds business. Ask us to prove these claims. No obligation. Large, 2-color, illustrated and descriptive folder sent promptly by return mail.

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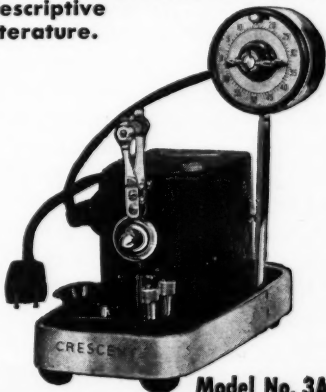


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Pat. May 21, 1940

This Wonder Electric Mortar and Pestle is a real **COST CUTTER!** It saves your time by requiring only 7 to 10 seconds to triturate enough amalgam for an ordinary filling. It eliminates waste by saving both alloy and mercury.

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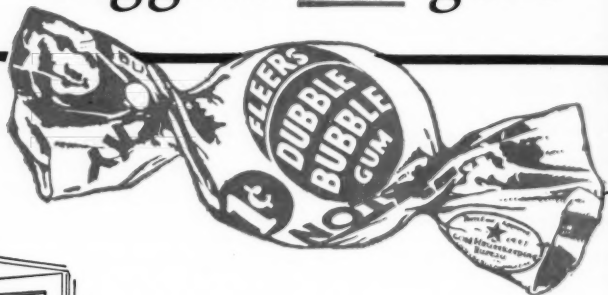


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Through your dealer or direct

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You're speaking their
language when you
suggest this gum



CHILDREN are loyal supporters of the products they like. And FLEERS Dubble Bubble Gum suits

their taste so well *they buy more of it than any other penny gum on the market.*

They like its *special* flavor. They revel in its size . . . big enough to chew well . . . three times larger than the usual stick . . . a lot of gum for their precious penny.

When you recommend FLEERS Dubble Bubble Gum to a child, he marks you as "a regular guy." You gain his confidence.

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FLEERS DUBBLE BUBBLE GUM

Artificial or NATURAL?

Artificial or Natural
BRISTLE
NOW USED IN
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BRUSHES

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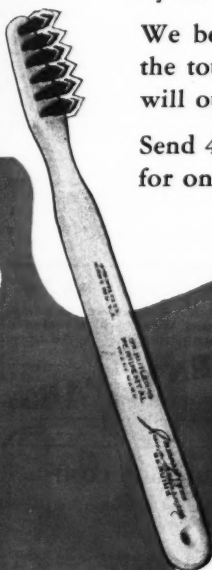
We Will Supply The Brushes

Artificial is made by DuPont Co.
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by nature on the back of a wild boar in Asia.

We believe that our black bristle brushes are
the toughest and strongest on the market and
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Send 40c in coin or stamps (no checks please)
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Check texture wanted.



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I enclose 40c for two brushes:

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- ☐ Extra Hard Unbleached Black

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- (Artificial comes in
bleached bristle
only)

Dr.

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10c per word, initials and figures used each counting as one word. Please send remittance with your order.

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Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is \$2.

POSITION WANTED: Dental technician experienced in all types of work, including porcelain and Chayes. Will consider position in any part of United States. "U" Oral Hygiene, Pittsburgh, Pa.

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FOR SALE: Due to death; good practice, equipment and supplies. Newly remodeled town office. Fifteen hundred dollars. Mrs. Elsie Penney, 4927 North Stevens, Spokane, Washington.

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"...unusually effective re
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I found them to be prompt in action and soothing in effect, tending to relieve the violent throbbing sensation symptomatic of this condition.

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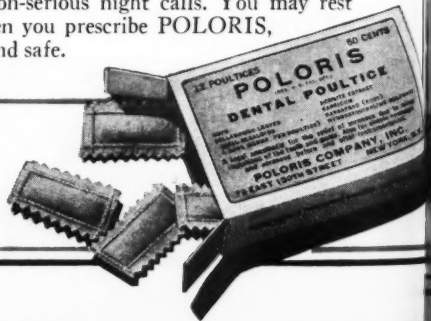
Very truly yours,

Frank Lumb D.D.S.

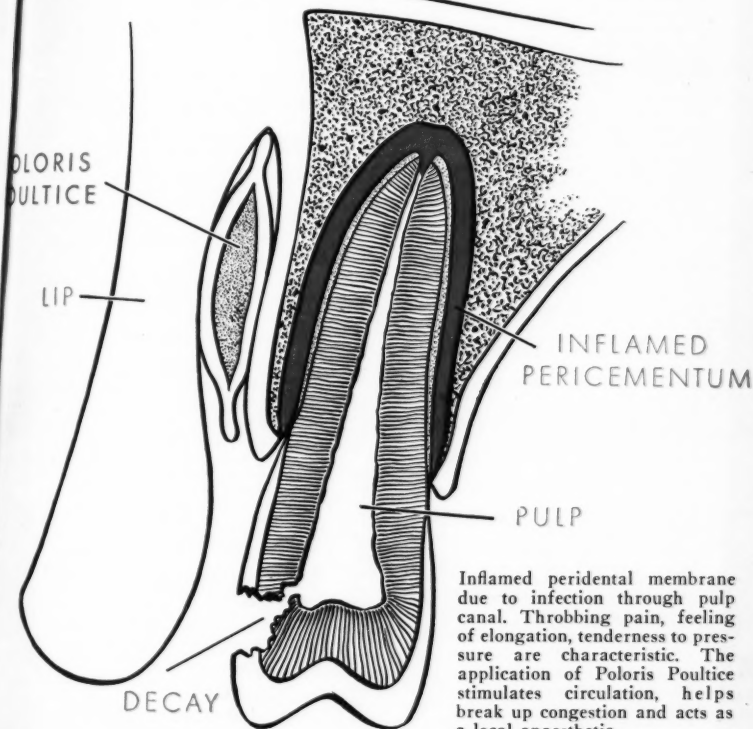
Letter in
our files

Recent correspondence with leading dentists has revealed that, in addition to their value in the treatment of pain of Pericementitis, POLORIS DENTAL POULTICES are widely used by the Profession as a quick-acting anodyne in cases of gum inflammation and irritation, abscess, root-canal therapy, pre-operative preparation, post-operative pain, and for "telephone-treatment" of non-serious night calls. You may rest assured that when you prescribe POLORIS, relief is speedy and safe.

For FREE SUPPLY of these practice-building products... send your card or letterhead to Poloris Company, Inc., 12 High Street, Jersey City, N. J.



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in "Pericementitis"



Inflamed peridental membrane due to infection through pulp canal. Throbbing pain, feeling of elongation, tenderness to pressure are characteristic. The application of Poloris Poultice stimulates circulation, helps break up congestion and acts as a local anaesthetic.

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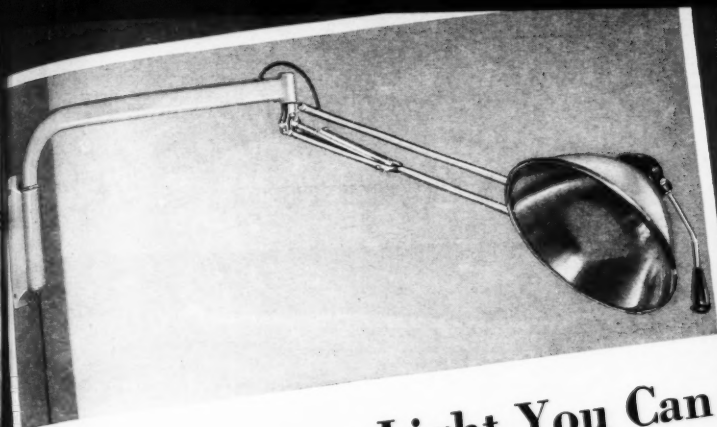
DENTAL POULTICES FOR PROMPT PAIN RELIEF

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The Operating Light You Can Move UP and DOWN

Here's a grand light for you that's modern in every essential—daylight quality 800 foot-candle power yet cool, shadowless and without glare.

Beam pattern provides for full head movement by patient without projecting light into eyes.

Best of all, this Pelton "E & O" is the only swinging dental operating light which you can also move *up and down*. So a direct beam on uppers as well as lowers, without impairing patient comfort!

The very finest in up-to-the-minute lighting equipment—exclusive adjustment advantages—the most beautiful and efficient operating light you've ever seen.

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(ESTABLISHED 1900)

PELTON "E & O" DENTAL LIGHT

For wall
installation
\$76.00

(Western,
\$79.50)

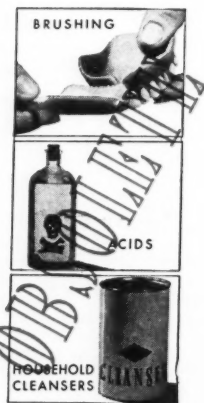
With column
for attaching
to all
standard
makes of
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equipment
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A CURE-ALL ON THE "MAYFLOWER" A CURIO TODAY



A quick cure for the Pilgrim Fathers' toothaches, this extracting instrument, belonging to the surgeon of the "Mayflower", contained forceps (left), pelican (right) and elevator (lower right) in one.

How about the denture-cleanser your patients use?



As much a curio as this ancient three-in-one torturer, are the old-fashioned methods of *denture-cleaning* still widely employed today . . . brushing, strong acids, harsh abrasives, household cleansers that may wear down or distort expensive plates . . . "cleansers" that do not really clean!

Discover for yourself . . . and recommend to your patients . . . a *modern denture-cleanser* . . . **POLIDENT!**

Safe, sure, easy and economical to use, a solution of **POLIDENT** in a little water **SOAKS** plates sweet and clean . . . dissolves toughest mucin, tannish, food debris . . . leaves plates fresh, sparkling, odorless. Does not harm rubber, precious metals or newer denture materials.

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POLIDENT

**A MODERN No-Brush
Cleanser**



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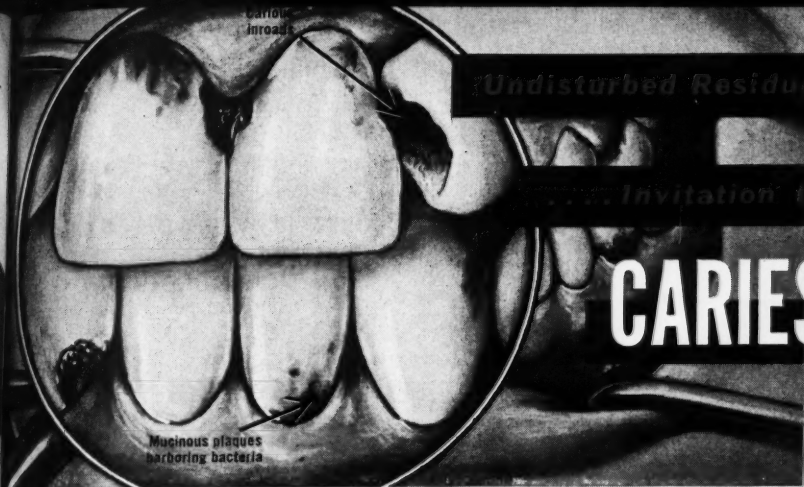
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Liberal office supply of
Dentyne samples.

Copy of technical booklet,
"Systematic Masticatory
Exertion."

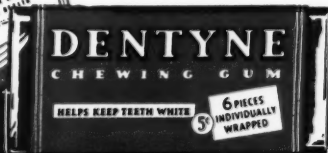
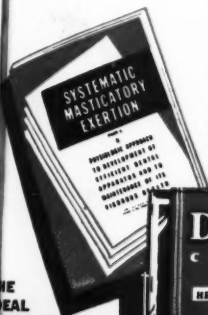


CARRIES prophylaxis boils down to the removal from the tooth surface of mucinous plaque deposits . . . which always contain micro-organisms that can rapidly convert carbohydrates into acids destructive of dental enamel.

Vigorous mastication prevents and arrests caries: *first*, by direct scrubbing, which removes surface residues; and *second*, by increased salivation, which helps to flush the teeth clean, and lessen the harmful acidity of the mucinous plaques.

Many dentists particularly endorse the regular use of Dentyne Gum because of the frictional efficiency and sialogogic action provided by its large, firm bolus. Patients like its appealing, spicy flavor.

The many significant aspects of "Systematic Masticatory Exertion" are authoritatively discussed in the illustrated booklet of that name. May we send you a copy, with a liberal office supply of Dentyne Gum?



DENTYNE
CHEWING GUM

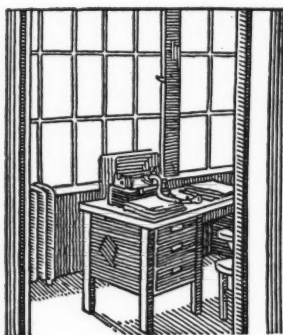
AMERICAN CHICLE COMPANY
Dept. O-2, Long Island City, New York
Gentlemen: Please send me free

Check here
() A supply of samples of Dentyne Gum.
() A copy of the booklet "Systematic Masticatory Exertion."

Dr. _____

Address _____

City _____ State _____



The Publisher's **CORNER**

By Mass

No. 236

MEN OF GOOD-WILL

A troubled year has closed; no one knows what 1941 will be; but the world has for thousands of years been getting a little better, slowly but surely, although right now one may be forgiven for doubting.

The reason mankind has continued to progress after a fashion, in spite of recurring times like today's, is that courageous men of good-will have refused to admit defeat.

Surely it cannot be denied that the practitioners of the healing arts have led in working for a better world, for happier lives, in their unselfish pursuit of knowledge with

which to ameliorate the physical ills of man in civil life and on the battlefield. Today, although the implements of war are, thanks to perverted science, more terrible than ever in history, medicine and its sister profession dentistry continue to perfect ways and means for curbing agony and for saving lives and restoring crippled bodies to usefulness with, at least, a measure of normal function.

These thoughts recall an old friend of mine.

In the first World War, ORAL HYGIENE's editor emeritus, Dr. Rea Proctor McGee, served with the Dental Corps of the United States Army in England and in France; he retired with the rank of Colonel. In France, working in a tent hospital always moved as close to the firing line as possible, Colonel McGee specialized in jaw injuries and, often under fire, invented ingenious, new, scientific methods for defeating the horrible science of war.

After the War, during long evenings here, he often recounted to me, in the graphic, vivid style he is master of, some of his experiences, describing the cases brought to him by stretcher-bearers at any hour, cases that could not wait for "appointments," men whose slender hold on life depended upon his quick perception, his skill, his ingenuity, his willingness to go without sleep, his calmness and courage

(Continued on page 142)



Denture Headaches!

- ① **FLAT RIDGE DENTURE.** Because Konformax Rebase is softer than soft tissue. It allows tissue to find its normal position under any denture. Dentures made from Konformax impressions produce perfect results as the patients take impressions in function, which assures perfect balance and muscle trim.
- ② **KNIFE EDGE LOWER RIDGE.** Konformax Rebase applied to this type of denture acts as a cushion and allows the patient to wear denture with perfect comfort. The patient will become accustomed to the denture in time and it can be permanently rebased.
- ③ **UPPER DENTURE WITH BONY PROTUBERANCE.** The protuberance is usually surrounded by soft creeping tissue which makes it almost impossible to take an impression under compression. A denture lined with Konformax Rebase can be worn over a period of time allowing the patient to take his own impression in function.
- ④ **IMPROPER OCCLUSION.** Fast setting materials will often leave an excess in the denture which causes malocclusion when the denture is reprocessed. Konformax Rebase is a slow-setting material. It has one hour setting time in the mouth. While the patient wears the denture, excess Konformax is forced out, allowing the denture to go into perfect occlusion.



KONFORMAX LABORATORIES, INC., 1720 AVENUE Y, BROOKLYN, N. Y. CABLE ADDRESS: KONFORMAX, NEW YORK

You get all three—

S. S. WHITE ZINC CEMENT IMPROVED
ALL-PURPOSE
CEMENT PACKAGE No. 2

WITH FREE TRIAL BOTTLES OF
SILVER CEMENT IMPROVED
***and* RED COPPER CEMENT**

Here is a package of cements that will fulfill all your cementing needs—and at a considerable saving too.

The four colors of Zinc Cement Improved are sufficient to meet all your color-matching requirements and practically eliminate blending. Fewer colors mean fewer powders to buy.

The *trial bottles* of Silver Cement Improved and Red Copper Cement give you an opportunity to prove the merits of these two excellent germicidal cements without extra cost.

All the cements included in this handy package are outstanding for strength, retention and durability. They comply with A.D.A. Specification No. 8 (First Revision)



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No. 13, Incisal Gray

No. 12, Tooth Yellow

No. 14, Gingival Brown

* 2 Bottles Zinc Cement Improved Liquid

1 Trial Bottle Silver Cement Improved

1 Trial Bottle Red Copper Cement

1 Hard wood holder for powders
and liquids.

*Same liquid is used for Zinc Cement Improved,
Silver Cement Improved, and Red Copper Cement

PRICE **\$5.00**

Don't miss this opportunity

TELL YOUR SALESMAN OR DEALER TO SEND YOU
AN ALL-PURPOSE CEMENT PACKAGE NO. 2 TODAY.

When ORAL HYGIENE asked its editor emeritus, Colonel Rea Proctor McGee, for his most recent photograph, he promptly complied by taking this one of himself in his Hollywood, California, office where he has been practicing plastic surgery for several years.



(Continued from page 138)

during hours close to the battle line.

Rea did not thus dramatize himself. He detailed instead the intricacies of the appalling variety of cases he encountered and described the methods by which he succeeded or failed. The truth of his own great, difficult responsibility could readily be inferred by anyone with enough imagination to picture the background of his work and even so meagre an understanding of surgery as I possess.

Some of the methods he developed under the pressure of awful

necessity have gone into the literature and are doubtless helping now when, once again—under the domination of so-called leaders whose warped brains invite research—men who really do not hate each other are forced to maim and destroy their fellows who chance to speak a different tongue.

Who knows but that, some day, the blessed science practiced by men in white may crown its many successes by solving the riddle of the ruthless urge to kill which possesses the abnormal minds of those whose strange genius drives them to leadership?



The Toothbrush as a Factor in the treatment of Various Oral Conditions

Dental authority cites the value of the tooth brush as supplementary therapy in the treatment of suppurative periodontoclasia, chronic hypertrophic gingivitis, recurrent epuli and hypertrophied papillae, etc. to stimulate gingival circulation and to raise tissue resistance. For treatment or prophylaxis, your patient will receive . . .

Maximum Tooth Cleaning and Gum Massage Effect with **D. D. Tooth Brush**

A scientifically designed handle-twist makes practically automatic correct placement of brush for better massage and brushing. The compact brush head, (with tufts widely separated) reaches concavities, convexities and planes of dental arches. A non-skid thumb-rest gives balanced manipulation.

The Modern Tooth Brush for Patients of the Modern Dentist

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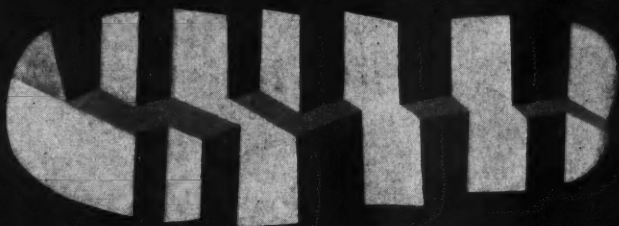
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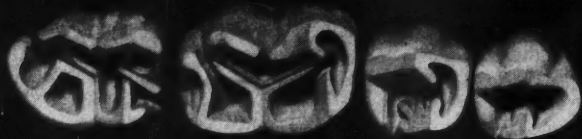
THE EVOLUTION OF
TRUBYTE NEW HUE 20° POSTERIOR



Primordial form of the lower Trubyte New Hue 20° Posteriors, showing facets carved to a geometrical design that corresponds, during mandibular movement, to that of the average human jaw movement. Scientific engineering of this primordial form is responsible for the comfort and efficiency of these posteriors.



Primordial form divided into individual tooth blocks or units. These four units are the primordial forms from which the four lower posteriors were carved.



Final master carvings from which Trubyte New Hue 20° Posteriors are reproduced. These carvings are about five times larger than the finished teeth. The multiple size of the master carvings is one reason why all sizes of these posteriors are carved with such accuracy in every detail.

THE

D for

Easy Articulation
Comfort
Efficiency



TRUBYTE NEW HUE 20° POSTERIOR

THE scientific placing of the sulci and fossae in the occlusal surfaces of Trubyte New Hue 20° Posteriors facilitates normal mandibular movement, permits efficient mastication and insures stability of the denture. The margin of all facets is retained, thus assuring proper placement of uppers and lowers. This assures ease of articulation.

Prosthetic Reputations are Built
with Trubyte New Hue 20° Posteriors

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Here's Why, ...DOCTOR

Here's why you will find this new, improved dental plate powder, Perma-Grip, especially valuable in your work:

- By making the patient more comfortable during the period of adjustment to new plates, it will help to keep him satisfied.
- By making plates fit better and adhere more firmly, it will help to maintain the patient's fullest confidence in the work you do for him.



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SAYS THE D. A. (DENTAL ASSISTANT)

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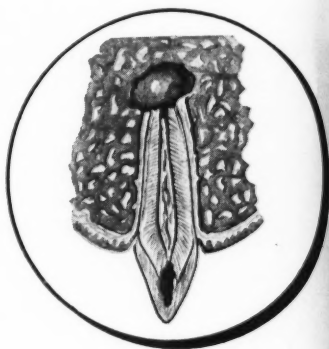
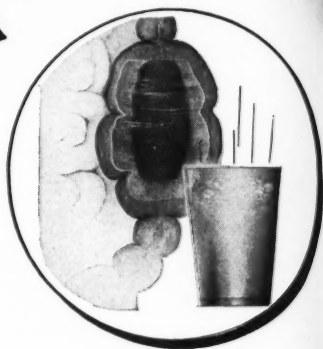
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*Helps Guard Against
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Among the oral conditions which frequently lead to systemic invasion are periapical infection, pyorrhea, retained root fragments and Vincent's angina. Routine use of Sal Hepatica in these and other dental cases helps retard wide-spread infection by effectively cleansing the intestinal tract of harmful waste. The *liquid bulk* supplied by Sal Hepatica plus water gently stimulates peristaltic movement and flushes the bowels.

Sal Hepatica, in addition, aids digestive function by combating excessive gastric acidity and by stimulating the flow of bile. Send for trial supplies of Sal Hepatica.



Sal Hepatica Flushes the Intestinal Tract . . .

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It requires no effort to properly position the head of the Ritter Shockproof X-Ray, for a mere touch of the finger enables the dentist to place it exactly where he wants it.

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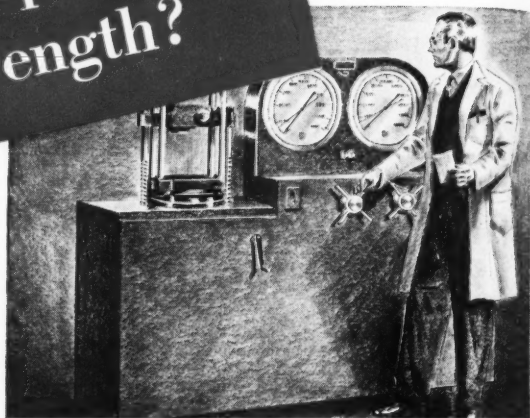
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**The Only Dental X-Ray with an Air-Cooled
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How important
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QUESTION

2.



FLECK'S CEMENT F

(OXY-PHOSPHATE OF ZINC)

FLECK'S ARGENITE—saves teeth that could never be saved before. It is used with Fleck's Cement powder to provide a *sedative*, germicidal cement for capping pulp exposures and near exposures. Its germicidal action depreciates red cell infection and carious recurrences and provides conditions which are favorable for the growth of secondary dentin.

FLECK'S BLENDING POWDERS are concentrated shades of pink and gray which were developed to permit the finest shading and blending of Fleck's Cements to match live teeth, ceramic work and translucent porcelain. The pink in particular, contributes a beautifully live appearance to cementations.



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★ FLECK'S most Cements in was a Copp post filling

ON

Answer: Pounds per square inch of compressive strength are in effect a laboratory measure of cement's cohesive force; the compatability of its powder and liquid; its uniformity; density; etc.; *together* with its resistance to distortive and destructive forces in the mouth.

Consequently, Fleck's Oxy-Phosphate of Zinc and Red Copper cements which possess the highest recorded compressive strength (21,500 lbs. per sq. in.) have also in every instance the greatest measure of those qualities which provide resistance to penetration, disintegration and solubility.

The higher the compressive strength then, the safer the cementation, since porosity, distintegration, fracture or dislodgement of cement would expose vulnerable cement structure to secondary decay.

Fleck's Cements add a 35 year record of clinical superiority to their distinguished laboratory performance. Today Fleck's is used by more dentists than any other cementing medium.

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★ **FLECK'S RED COPPER** led the field in all 21 tests of the most comprehensive research ever conducted on Copper Cements. Its powerful permanent germicidal properties introduced a protective cementing technique which was adopted throughout the world. Today Fleck's Red Copper is the most widely used germicidal cement in posterior cementations, for lining underneath amalgam fillings, and in children's dentistry.



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RX 39 RELINE



Is ready for immediate use.

Is quickly and easily applied and adheres to old denture surface.

RX 39 has smooth flowing qualities.

Velvet like texture.

Accurately reproduces all irregularities under dentures.

Its cushion-like effect is kind to hyper-sensitive tissues.

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RX 39 RELINE is indispensable in use with IMMEDIATE INSERTIONS.

Keeps the dentures firmly on the ridges during absorption.

Keeps the teeth in proper occlusion.

Sets hard with a glossy surface and still has a cushion-like effect.

Can be added to from time to time and will last for several months.

Easy technique with each tube.

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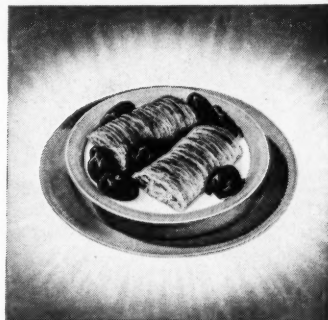
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Enclosed is \$1.00, please send your regular \$1.60 tube, enough for six cases, of RX 39 Reline and Impression Material with the understanding that if I am not entirely satisfied after using material on three cases I will return the part tube and my money will be refunded.

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In this Breakfast ...
VITAMIN B₁
as Nature provides it



ACCORDING to authenticated research, two National Biscuit Shredded Wheat with a cupful of milk provide more than $\frac{1}{3}$ the average daily adult requirement of Vitamin B₁, or nearly $\frac{1}{2}$ the average child requirement. When sliced bananas or other fruits are added, the one-dish breakfast affords additional food value.

In addition to this important vitamin, the meal contains the other vital nutrients of whole wheat. The biscuits are 100 percent whole wheat, including the Wheat Germ. Nothing is added to the whole grain, which is steam cooked, pressed into slender strands (for readier assimilation in the system), then baked crisp and brown.

When a warm cereal is desired, the same well rounded breakfast

can be prepared easily, by dipping the biscuits quickly into a pan of hot water, draining, and serving with hot or cold milk. Or by splitting the biscuits, toasting lightly in the oven, dotting with butter and serving with top milk or cream.

National Biscuit Shredded Wheat, because of its pleasant, unobtrusive flavor, is useful in encouraging increased intake of milk in cases where there is a milk deficiency in the diet.

Through more than forty-five years in millions of homes, billions of National Biscuit Shredded Wheat breakfasts have been enjoyed.

Baked by "NABISCO"

NATIONAL BISCUIT COMPANY
Address: New York, N. Y.



Nutritional Values

Analyses show the following nutrients *naturally* present in 2 National Biscuit Shredded Wheat served with a cupful of milk:

VITAMIN B ₁	More than 1/3 daily av. requirement
CALCIUM	More than 1/3 daily av. requirement
PHOSPHORUS	More than 1/2 daily av. requirement
IRON	More than 1/5 daily av. requirement

There is also a generous part of the daily energy requirement (CARBOHYDRATES and PROTEINS) and other nutritional necessities including VITAMIN A and VITAMIN G.



If you were a patient...you'd welcome advice concerning Dental Products

Most patients realize that their knowledge of oral hygiene isn't as complete as they'd like it to be. That's why they often say, "Doctor, what dentifrice do you recommend?" You can often render a much appreciated service by giving your patients advice as to the dentifrice, mouthwash or toothbrush to use.

The public is well acquainted with the high quality of Squibb Products. We believe, therefore, that, when you recommend a product bearing the Squibb label, it will help you maintain the confidence of your patients. Here is a partial list of Squibb Products especially valuable for dental use.

SQUIBB DENTAL CREAM—A safe, effective dentifrice. Free from any ingredient which might be harmful to the teeth, the mucous membranes of the mouth or to the stomach if swallowed. Ideal for children. Contains Squibb Milk of Magnesia—a safe, effective, acid-neutralizing agent. Leaves the mouth feeling clean and refreshed.

SQUIBB TOOTH POWDER—For those who prefer powder. It is just as effective as Squibb Dental Cream and just as enjoyable to use.

SQUIBB ANGLE TOOTHBRUSH—Bent at the same angle as your dental mirror to make it easier to brush the less accessible surfaces of the teeth. Has three rows of high-quality bristles—six tufts

to a row. Two degrees of stiffness—hard and medium. Suited to mouths of all types and adaptable to all brushing techniques.

SQUIBB ORAL PERBORATE—A pleasant, palatable and free-flowing sodium perborate powder for use on the toothbrush, or in solution as a mouthwash when indicated.

SQUIBB DENTAL LOTION—A refreshing, cleansing, anise-flavored mouthwash for routine use. Mildly astringent.

SQUIBB ANTISEPTIC SOLUTION—An effective gargle and aid to oral hygiene. Used as a gargle or spray it helps relieve mouth and throat irritations.

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